FOR STATE

vith the State Deportment of Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 5 may be retained for your files.

VR A 15ME (5)

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong-with form PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If

any deloy is

STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RE ITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
THOM OF TIME G390 TO RECORD THE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	o. COUNTY Prince George's	o. STATE Maryland Description: Residence before odmission by the country by the
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.	
/	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Prince George's General Hospital	d. STREET ADDRESS Route 1 Box 31 e. IS RESIDENCE ON A FARM? YES \sum NO \cdots
	3. NAME OF First Middle DECEASED (Type or print) Catherine Louise A	Abell Lost 4. DATE Month June 25, Year OF DEATH June 25, 19 67
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PHYDROGED DIVORCED	8, DATE OF BIRTH Agricult 11, 1897 9. AGE (In yeors lost birthdoy) 70 Yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY OWN home	11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME R Forbes Woodburn	14. MOTHER'S MAIDEN NAME Susan Graves
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	Paul J Abell Sr Bowie, Md.
	1B. CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c) DUE TO (c) DUE TO	carrest Fun my ONSET AND DEATH NO prema Blateral lae Dynal Cala cometato
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CO. DEATH BUT NOT REAL 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CALISE OF DEATH CALISE OF DEATH	THE TO THE INCOME OF THE ONE OF T
		CURRED. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d INJURY OCCURRED While of work of work of twork of two of work of two o	20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or tawn) (County) (State)
	21. I certify that I took charge of the remains described ab death resulted from: Notural causes , Accident , ACTUAL SIGNATURE	Suicide , Hamicide , Undetermined manner 6-1767 CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county Bladus Address)
3	24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

at instoir and the Biograph spoints of tundyreit e e e and good and the In the final final first the street of the contract of the street of the .ds meet the light of the sales and the sales and the sales and the sales are sales forming the company of the company o Revolute finance ing A shellow Morie, with SHEAR THE PROPERTY OF THE WAR AND SHEAR THE PARTY OF THE

smertain. The mas 20, 1967 it simble case by the land, in the land, in the land.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

				. 301	800
				and the state of t	ALS TO SHOW
		7 1900 10 193 3			
			CAMP A KENTY I		
		A THE PARTY OF THE			
					Bin di
					as tible
ARRA		- THE			
de la	all a services				April 3
			THE RESIDENCE OF THE PERSON OF		
MAN OF ST	272 - 22. 3				
STATE OF THE PARTY					
	and and and a little				
	and and and a little	mar en 4			
	and and and a little	mar en 4			
			The product of the control of the co		

	08520)		CERTIFI	CATE	OF DEATH			08	51	1	
	PLACE OF DEATH	,				. USUAL RESIDENCE (Where deceo			e before	odmissio	Vanc
	Func	V Dear	resi	MARY	LAND	Mar	yland.	b. COUN	Pr.	Geo	s.	
	o. CITY DR TOWN (If autside carparate limit give nearest tawn)	र्भ	c. LENGTH DF STAY IN	V 16	. CITY DR TDWN (If a	utside carpar	ate limits, write RUR	AL and give	negrest	tawn)	
	Forestv			Months		Oxon Hi	ll. Ma	rvland		10	00/	
	. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital,	give street address)		SZARODA TARATZ		ort Root	Rose	e.	IS RESID	
R	sent Nu	wing + Reh	al Ge	nter		CONTRACTOR			XXX	Y		NO DO
	NAME OF DECEASED	(O) E	rst /	Middle		\ last /	4. DATE	Mont	h	Doy	Yeo	ar
	Type or print)	GERT	10	E		TRME!	DEATH			13		67
S.	ZEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9	9. AGE (In years lost birthday)	Manths	YEAR Days	IF UNDER	R 24 HRS. Min.
	Female	White	WIDOWED	XX DIVORCED		ec. 9th,1	889	77 yrs.	Mullins	Duys	110013	Will.
100	USUAL OCCUPATION	(Give kind af wark dane life, even if retired)		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fa	reign cauntry)		IZEN OF '	WHAT	-
	Retire			US. Gov.		Virginia				USA		
13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME					
	James H.	Fishel				Nancy J.	Tevus	alt				
	s, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dates of	of service)	SOCIAL SECURITY NO.		Ruby V. 1	Bradle	9200-	River	rsid	e Dr	· •
	PART I. DEA	EATH (Enter anly ane cau IH WAS CAUSED BY:	/1 /	(a), (b), and (c).)	i the	Ceruix &	mot	Astasis to	Lung	ONS	T AND C	WEEN EATH
	171x	IMMEDIATE CAUSE	1-7	(1)(1)(1)	LITE	CENOIX C.	11/61/	1725113/3 10	MAIN	1.1		10.
	Conditions, if ony		(b)							0.71		
	rise to immediat	e cause (a), (Duc										
	stoting the unde	rlying cause	(c)							1		
ď		GNIFICANT CONDITIONS C		TO DEATH BUT NOT PELA	ATED TO THE	TERMINAL DISEASE CO.	NDITION GIV	EN IN PART 1(a)		19 1	VAS AUTO	YZGO
TION	6	Senera	11	A A	n./ -	(_		YES	VAS AUTO	NO X
FICA	20a. ACCIDENT WA			ESCRIBE HOW INJURY OC	CHERED (Fo	105/CK	Part for Par	rt II of item 18)		100	, [_]	NO A
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 0	ESCRIBE HOW MISORY OF	COMICED. (EM	or nations or injury in	1011101101	in in or non vo.;				
MEDICAL	20c. TIME OF INJU Hour 'a.r	10	20d. While			OF INJURY (Hame, farm street, office bldg., etc.		(City or town)	(Cau	nty)	((State)
		fy that (I) (this has			fram 4	1-1	19 67,1	to 6-13	196	7 tho	t (I) (we) la
	saw the d	eceased alive an_	6-1	2 1967,0	ind that d	eath accurred at	737/AN	A, fram causes o	and an th	e date	stated	abav
	22a. SIGNATURE	1. 0	()							TE SIGNE		
		WB	JA	len	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6	-/	3-	67
	22c. PHYSICIAN'S NAME (Type)		R	B. SHEL	ER	22d. ADDRESS G		MARILO.		1KE		C.
23.	. BURIAL, CREMATIO	ON. 23b. DATE TH	EDENE	23c. NAME OF CEME				OCATION (City or Tov		(County)		tote)
230	REMOVAL (Specify			Stephen (sphen Cit				iole)

ADDRESS

Bros. . 1661- Gd. Hope Road SE. Wash., DC

REGISTRAR 5 1967

25b. REGISTRAR'S SIGNATURE

pnd 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by base remave carban papers. and in any event, within 72 ha TO FUNERAL DIRECTOR: After this certificate has been signed by the attending jobysical director, page 3 should be detached for use as the burial-transit permit. Then play directar, page 3 shauld be detached far use as the burial-transit permit. Ther, p should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, Page 4 may be retained by the hospital or attending physician.

Bros.

08521

FRTIFICATE OF DEATH

	0000	1	CERTIFIC	AIE OF DEATH			DOOTA
T	PLACE OF DEAT	H Georges	MARYLA	a. STATE		b. COUNTY Prince (dence before odmission)
	b. CITY OR TOW	N (If autside carparate limits,	c. LENGTH OF STAY IN	1b C CITY OR TOWN (If	autside carparate limits	s, write RURAL and	give nearest tawn)
		and give nearest tawn)	F 3	Oakland	•		14.1
-	d. NAME OF HO	PITAL OR INSTITUTION (If not	t in haspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
					11	n.1	ON A FARM?
2	NAME OF	Georges Gene		last	lker Mill	Month Month	
3	DECEASED				OF		Day Year
1	(Type or print) SEX			Arnold 1 8. DATE OF BIRTH	DEATH 9. AGE (I	June	22 1967 DER 1 YEAR IF UNDER 24 HR
Y			AA	님	last b	pirthday) Manth	
-	Male	Colored	WIDOWED DIVORCED 10b. KIND OF BUSINESS OR	1/29/98	1 69	yrs.	CITIZEN OF WILLAT
di	iring most of work	ION (Give kind of work done ing life, even if retired)	UNDUSTRY	11. BIRTHPLACE (Count	ty & State, ar foreign cou	intry) 12.	COUNTRY?/-SIA
	B. FATHER'S NAM		1115015	14. MOTHER'S MAIDEN	NAME		
r	LEC	Bonold		Unkn	AUD		
1		EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	7	Address	
(res, na, arunknov	n) (If yes give wor or dates af	service)	mande a	mald	Louise.	as 20
F	T 10 CAUSE OF	DEATH (Enter only one cour	se per line far (a), (b), and (c).)	murae a	yraca	MUNUC	INTERVAL BETWEEN
	PART 1. I	FATH WAS CAUSED BY:	A = D = DDAI	LEMANNIA	(- Mns	SCINE	ONSET AND DEATH
	33	IMMEDIATE CAUSE (I LITUICIOH PT W	E	10101	d DAYS
		DUE T	6) CEREBRAL A	PTE DID SALE	EPASIC		IDYEAR
1	rise ta immed	Idie (dose (d), (Dile x	O CERCEIOR AF A	TOTE ICID VC LI	- 10013		10 110
1	stoting the un		(1) HYPERTENSIVE	ADTERIASE	1 ERATIC	DISEAS	SE 12 Year
1			ONTRIBUTING TO DEATH BUT NOT RELATI				19. WAS AUTOPSY
NO	TAKI II. VIIILI	SIGNIFICANT CONDITIONS CO	MIKIBUHNU TO DEATH DOT NOT KEENT	ED TO THE TERMINAL DISEASE CO	UNDIFION GIVEN IN TA	K1 1(d)	PERFORMED?
CERTIFICATION	20. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	IDDED /Catan auture of injury in	- Don't Law Don't Harf is	10)	YES NO
FPT	OR CONTRIBUT	NG CAUSE OF DEATH	200. DESCRIBE HOW INJURY OCCU	JKKED. (Ciliel lidible di mijory li	n rate i ai rate ii ai ii	em 16.j	
	1 HE CHIEK NUL	IFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20	A. DIACE OF INITIDY (II (rm. 20f. (City o		(6)
MEDICAL	ZUC. FIME OF		While Met While	Oe. PLACE OF INJURY (Hame, far factory, street, affice bldg., et		or town) ((Caunty) (State)
3		p.m. 19	at work at wark			at he had	
	21. I ce	rtify that (this hosp)	oital) attended the deceased frome 22, 19 67, on	om June 17,	1967 to Ju	ne 22,	96.7, that (b) (we) I
			une 22, 19 6/, on	d that death occurred a	it 1:10PM, from		
L	22o. SIGNATU	8/18/11/	10000	ATTENDING -	MED. S	TAFF	DATE SIGNED
1		frun C	True m	M.D. PHYS.	DIRECTOR L P	HYS. Sex 6	-22-67
ı	22c. PHYSICIA NAME (T		a, M. D.	22d. ADDRESS Prince (Georges Ger	neral Hos	spital
2	BO BURIAL CREM	ATION, 23b. DATE THER	REOF 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	(City or Town)	(Caunty) (State)
	REMOVAL (Spe	(ify) 6-26	-67 Brooks	a.m.2.Ch.	Mallin	rohem	mel
	24. FUNERAL DIRE		ADDRESS		C'D BY REGISTRAR	2Sb. REGISTRAR	
1	15 U) no	1 . 1 91 5	~ 4915 Dear	Bre NEDATE J	11N 9 7 196	7 Icho	wells Judge
,	15 Ulna	sendin to	~ 4425 1. Mary	DATE J DATE J	UN 2 7 196	W A	100

refreshment and the management of the property of the second of the seco

Rain ages		±70	Marryland				
			bes fried				
		. M. Hike to	Gaw IIIo	10310	golf is rang	Control (rince
10 .21	L arun		D.(n)	WA THE WAY Y			
		¥0	8#/WZ/L			om (at	
			La shows				317
	22. 167	annt of	June 17,	10	fure 22.		
	0 0 los					a series	
II.	Agaoi L	evenes rengo	Frings Na		o , o , nece	oli svieti	
				Fire Parish			

08522

CERTIFICATE OF DEATH

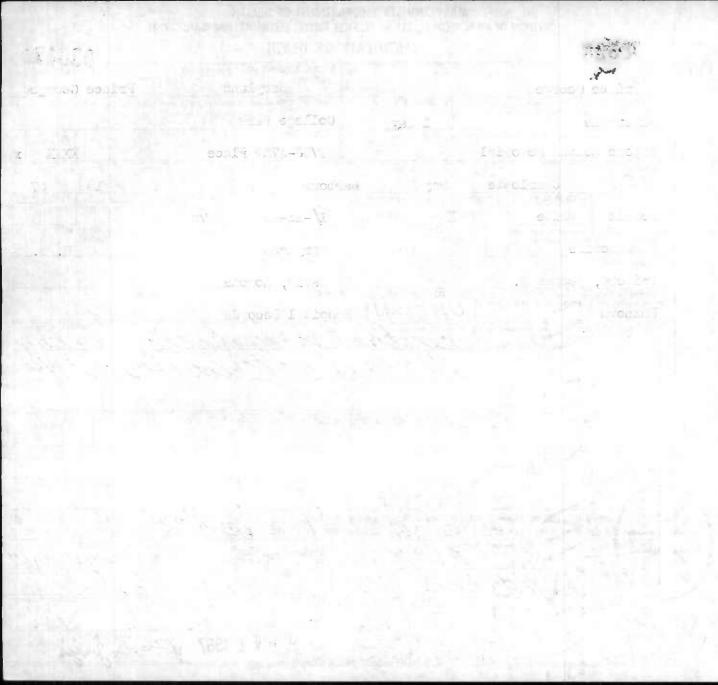
														100	7.0	
	o. COUNTY	DEATH							2. USUAL RESIDENCE	(Where dec	eased lived			ce before	admissi	ian)
		ce G	eorge				MARYLAND		o. STATE Maryland	1		b. cour	ce Geo	orge		
' T	b. CITY OR	TOWN (I	autside corparat	e limits,		c. LEI	NGTH OF STAY IN 16		c. CITY OR TOWN (If o		arate limit				tawn)	19
		rdal	give nearest taw e	n)		7	ll days	- 11	Kent Vi	lage			11	21		
			L OR INSTITUTION	(If nat	in haspital, gi			-	d. STREET AODRESS				/ 0	e	. IS RESI	DENCE
13	Euge	ne L	eland Me	mor	ial Hos	spi	tal		2816 😿	74th	. Ave			,	ON A F	NO -
1	3. NAME OF			First			Middle		Last	4. DAT		Mani	'h	Day	Ye	ar
1	(Type or p	nint)		An	na		М.		Baran	OF DEA	TH	-	5	2.	1 19	67
1	S. SEX		6. COLOR OR RA	-	7. MARRIED	7	NEVER MARRIED	В.	OATE OF BIRTH	1	9. AGE (IF UNOER		IF UNOE	-
1	Fem	ale	White		WIOOWED	X	OIVORCEO		9-15-97		last &	yrs.	Months	Days	Haurs	Min
1	Oa. USUAL OC	CUPATION	(Give kind af warl	dane			BUSINESS OR		11. BIRTHPLACE (County	& State, ar	fareign cou	untry)		TIZEN OF		_
0	oring most of H	warking l	ife, even if retired) W1T 🗖		INO	USTRY	- 1		Ukrain	10			n.	S.A		
	13. FATHER'S	NAME						-	4. MOTHER'S MAIOEN	NAME						
			Gabriel	Mak	symow		7		Mary	Baja	n					
	IS. WAS DECE	ASEO EVE	IN U.S. ARMEO FO	RCES?	16. 50	OCIAL :	SECURITY NO. I	7. INF	ORMANT			Addre	ess			
П	No.	knawn)	If yes give wor or	dates of	service)	No	one	P	atient and	Med:	ical	Recor	rds			
F		SE OF DE	ATH (Enter anly a	ne cause	per line for (g), (b)	, and (c).)					~			RVAL BE	
	PAF	T I. DEAT	H WAS CAUSED B'	/ :	/	20	ute C	no	mare 1	hu	rula	us		ONS	ET ANO I	DEATH
	1 4	201	(IIIII)ED II II E	DUE TO	,				7							
			which gave	(b)				/					145	w	in
			ving cause	DUE TO	0											7
	last.)	(0	:)											
2 3	PART II.	OTHER SIG	NIFICANT CONOIT	ONS CO	NTRIBUTING TO	DEAT	H BUT NOT RELATED	O THE	TERMINAL OISEASE CO	NOITION G	IVEN IN PA	RT 1(a)	is me	19:	WAS AUT	
2	20a. ACCI OR CONTR	Do	aus /	Jai	7 he	re	rteans 6	4.5	Shuselie	is.	D130	well		YE		NO [
1	20a. ACCI		UNDERLYING CAUSE OF DEATH		20b. DESC	CRIBE	HOW INJURY OCCURR	D. den	ter nature af injury in	Part I or I	Part II of it	em IB.)	7			
- 1	. I the connex	, NOTIFY	MEDICAL EXAMINES	NO	TIFIEL)		1=	Ellin	Ont	2					
100			RY Manth, Day,		20d. INJ	URY O	I - A SAIL SI -		OF INJURY (Hame) far , street, affice bidg., etc		. (City o	or tawn)	(Ca	unty)		(State)
13	8 us	p.m		196	7 While at wark		Not While at wark	idelary,	, street, drike blug., etc	1/5	eril	villa	art.		w	12
	21.	I certif	y that (I) (thi	haspi	jal) attende	ed th	e deceased fram	6	-10	1967		-21/		52, the		
			ceased alive	n	5-21		_19 <u>67</u> , and t	hat d	eath accurred at	10	M, fram	causes				aba
	220. SJG	NATURE	04	1	9				ATTÉNOING	MED.	_ s	TAFF _		ATE SIGNE		
	1	20	11/6	te	ren	10		M.D.	PHYS.	DIRECTOR		HYS.		21		
	ZZc. PH	/SICIMN'S WE (Type)	LLOYD		H. SC	R	IBNER		22d. AOORESS 831 U	NIVE	יון מי	AL BL	VPIR	SILL	ER	M
/					505		, , , , , , , , , , , , , , , , , , ,					7		110	, 14.	2) .
1	230. BURIAL, REMOVA	LREMATIO L(Specify) L'12	N, 23b. D/		tUt		NAME OF CEMETERY					(City ar To		(Caunty)	7.7	state)
-	24. FUNERAL			4/6	7		Peters				Z M		GISTRAR'S S		N.	Υ.
			Nalle Inc.	y's	rune:	1'8.	Maryl	and	nior 250. RES	N 2 3	196	1	Line		uda	
2							9		DAIL	10	100	7	14	TOX		-

ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 hours after death tely filled in by the funeral rbon popers. Pages 1 and 5, within 72 hours offer death pou completely 200 ony cremotian, or remove signed by the buriol-tronsit p be retoined by the hospital or ottending physician. for use as the li Health prior to b hos been certificate State Dept. of detached TO HOSPITAL Page 4 may b

VR A15 (4) 25M 1/67

O FUNERAL DIRECTOR: After this director, page 3 should should be filed with the

CERTIFICATE OF DEATH 08523 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY o. STATE b. CDUNTY Maryland Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Riverdale 1 day d. STREET ADDRESS d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE DN A FARM? Eugene Leland Memorial 9708-47hh Place XEXXXX NO X 3. NAME DE Middle 4 DATE Last Month Doy Year DECEASED Charlotte Barbour (Type or print) May 1967 DEATH S. SEX IF LINDER | YEAR 6. COLDR DR RACE 8. DATE DF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthday) Months Doys Hours Female White WIDDWED X DIVORCED 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired)
Housewife INDUSTRY CDUNTRY? NONE Maryland 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Twiford. Thomas Davis. Lorena 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFDRMANT 16. SDCIAL SECURITY ND Address (Yes, no, or unknown) (If yes give wor or dates of service Unknown Hospital Records 18. CAUSE DF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN (b). ond (c).) PART I. DEATH WAS CAUSED BY: DNSET AND DEATH IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTDPSY PERFORMED? ND 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE DF INJURY (Home, form, 20c. TIME DF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hostital) attended the deceased fram _to saw the deceased alive on and that death accurred at M. from causes and an the date stated above. 22o. SIGNATURE DATE SIGNED ATTENDING STAFF DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) DATE THERED (County) FUNERAL DIRECTOR

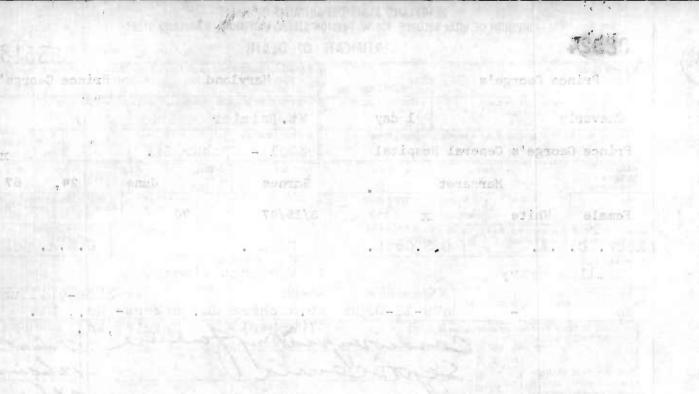


10527

COOLX		CER	HIFICATE	OF DEATH			1)	K518
o. COUNTY Prince			MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceosed land	lived, if institution: F b. COUNTY I	Residence before	odmission) eorge's
b. CITY OR TOWN (If outs	ide corporote limits,	c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (If or	utside corporote	limits, write RURAL o	nd give neorest	town)
Cheverly	neorest town)	1 day		Mt. Raini	er		16.1	
d. NAME OF HOSPITAL OR	INSTITUTION (If not in h	nospitol, give street oddress	5)	d. STREET ADDRESS			8.	IS RESIDENCE ON A FARM?
Prince Geo:	rge's Gener	ral Hospital		3001 - T	Jpshur	St.		S NO
NAME OF	First	Middle	9	Lost	4. DATE	Month	Doy	Year
DECEASED (Type or print)	Marga	aret S		Barnes	OF DEATH	June	24,	19 67
SEX 6. CO	DLOR OR RACE 7. A	MARRIED NEVER MA		DATE OF BIRTH	9. 4	GE (In years IF)		IF UNDER 24 HRS.
Female	White w	IDOWED DIVO	DRCED 🔲	3/15/97	70	ost birthdoy) Mo	onths Doys	Hours Min.
. USUAL OCCUPATION (Give	kind of work done	10b. KIND OF BUSINESS (11. BIRTHPLACE (County	& Stote, or foreig	n country)	12. CITIZEN OF	
ring most of working life ev	en if refired)	U.S.Govt		Penna.			COUNTRY?	
B. FATHER'S NAME William				14. MOTHER'S MAIDEN Margar	NAME t Vinc	cent		
S. WAS DECEASED EVER IN U.	S APMED FORCE S2	16. SOCIAL SECURITY I	NO 17 16	FORMANT		Address 3	358-Ch	37711111
Yes, no, or unknown) (If yes	give wor or dotes of serv	ice) 579-16-0		r.Richard	T milli			
PART I. DEATH WA		r line for (o), (b), ond (c).)		(Nephow)	4	ainior,	MC INTER	T AND DEATH
.00.2	IMMEDIATE CAUSE (o).	andio	Male	rato of	A		ne	and the
493×	DUE TO	Cani	200		//		100	1-
Conditions, if ony, which	se (a)	semi	بسن	ma !			120	an mis
stoting the underlying		March		044			DY	Time
last.	(c) (c)	1 mei	in				41	120
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO TH	IE TERMINAL DISEASE CO	NDITION GIVEN I	N PART 1(o)		VAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDE OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH	20b. DESCRIBE HOW INJUI	RY OCCURRED. (E	inter noture of injury in	Port or Port	of item 18.)	Fig.	
20c. TIME OF INJURY M Hour o.m. p.m.	lonth, Doy, Yeor	2Dd. INJURY OCCURRED While Not While of work of work		OF INJURY (Home, formally, street, office bldg., etc.		ity or town)	(County)	(Stote)
21. I certify the	at (1) (this haspital	attended the decea	sed fram 7	death occurred of	1962, to	rom causes ond	, 167 , tha	t (I) (we) la
220. SIGNATURE	all l	wore	M.D.	ATTENDING PHYS.	MED. DIRECTOR		22b. DAYE SIGNED	
22c. PHYSICIAN'S NAME (Type)	VA.	Devore		34.5 ADDRESS	m, 770	1 ST H	your	The
23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF	CEMETERY OR C	REMATORY .	23d. LOCAT	TION (City or Town)	(County)	(Stote)
Burial	6/27/	67 Rock	Creek	Com.	Was	h.D.C.		
24. FUNERAL DIRECTOR NE	alloy's F	unoral ADDRESS	Mt. Rai	nier, 250. REC	D BY REGISTRAR	2Sb. REGISTR	RAR'S SIGNATURE	
Home Inc.		Mar	yland	DATE		and.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please semeste corbon papers. Pages 1 longs should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removal, and nony event, within 72 hours ofter death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



The state of the s

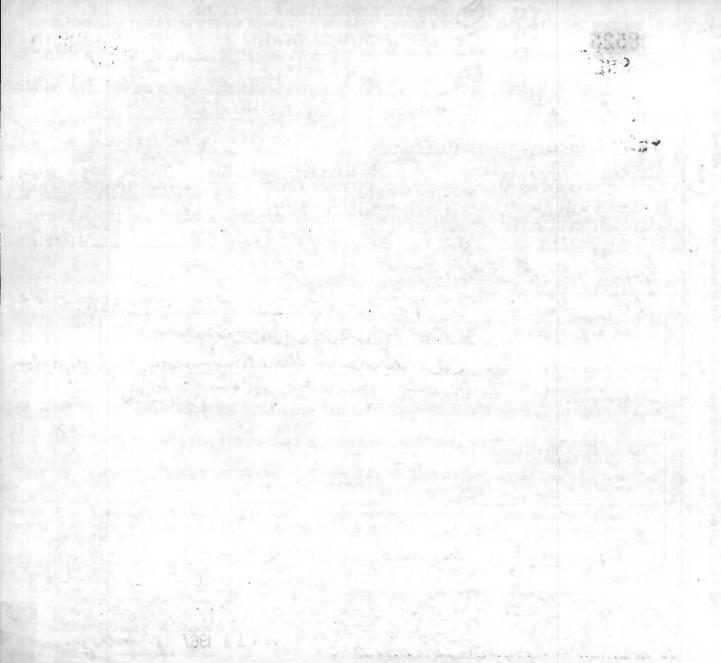
Marie and the second of the se

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ORSELO
ORSELO
ORSELO

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
PRINCE GEORGES MARYLAND	a. STATE MARYLAND b. COUNTY Prince 900 195
b. CITY OR TOWN (If outside corporate limits. U.c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)
write RURAL and give nearest town) Capital Heights 6 days	Capital Height
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
PRINCE GEORGEN HOSPITAL	6113 Sha tyside Avenue YES NOR
3. NAME OF First Middle	Last 4. DATE Month Day Year
OFFICE (Type or print) George T. BAR	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5	3. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
MALE white WIDOWED DIVORCED	4-3-9 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PVT. INDUSTRY REFIRED	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE BIBARRETT	ALICE F.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or, unknown) (If yes give war or dates of service)	INFORMANT Address
NO NONE 517-05-2740A	ETHEL MI BARRETT SAME ASAZ
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
344	
Conditions, If any, which) DUE TO Pul raban	isod fluere Communication Hydrollybelous
gave rise to immediate	15. 19 5 1 1
cause (a), stating the DUE 10 @ Church	new Cyst to C to Calyed
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
A	PERFORMED? YES NO NO
E 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While - Not while -	ry, street, office bldg., etc.)
	Fine 3, 1967, to Jime 9, 1967, that 7) (we) last
Lit I do til that (i) (till booken) attended the accorded home	death occurred at 7 PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
howvence theberman, M.D	ATTENDING MED. STAFF DIRECTOR PHYS. D 6/9/67
22c. PHYSICIAN'S	22d. ADDRESS , 0 0 - 01 1
NAME (Турө)	6124 Central Clark Capitality 6, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BEMOVAL ISPOCKY) 6/14/67 ST. BAK	NABAS OXON HILL FAINCE GEO. NO
24. FUNERAL DIRECTOR 5- ADDRESS/ TO	25a REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE
WINICHAMBERD CO. INC. WASHIDS	DATE DATE

VR A15 (4) 15M 4-64

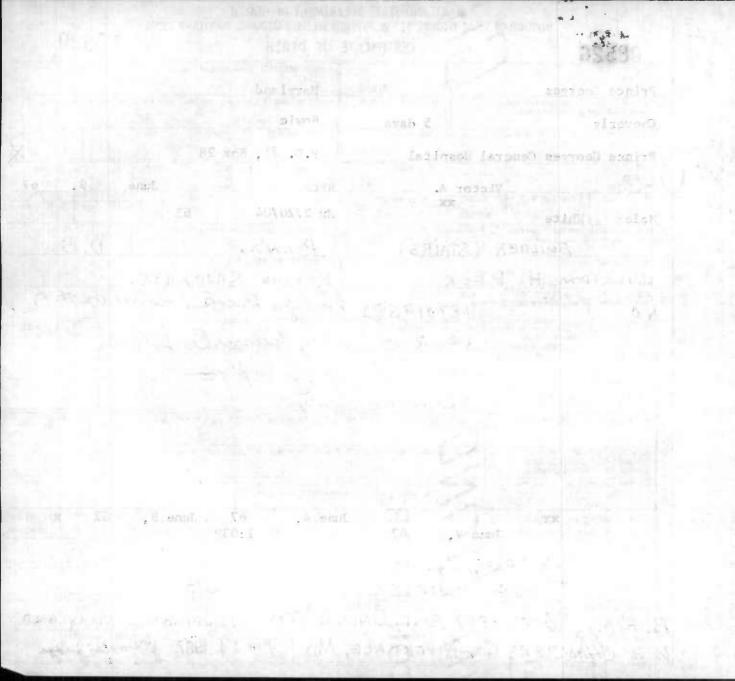


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08526	CERTIFICATE	OF DEATH		08520
	1. PLACE OF DEATH o. COUNTY. Prince Georges	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	/here deceased lived, if institution: b. COUNTY	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		and give nearest tawn)	
	Cheverly	5 days	Bowie		16.1
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	Prince Georges General H	lospital	R.D. #1,	Box 28	YES NO
	3) NAME OF First DECEASED (Type or print) Victor	Middle	Last BECK	4. DATE Month OF DEATH June	Day Year 2 9 19 67
1	S. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOW	ED NEVER MARRIED	8. DATE OF BIRTH 3. 2/20/04		F UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
	100. USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if retired) BUILDER	KIND OF BUSINESS OR INDUSTRY STAIRS	PENN'A	State, ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME WILLIAM. H. BEG	c.K	14. MOTHER'S MAIDEN N	SHUBARTS	
			velign E	Beck, Som	uas#2,
	1B. CAUSE OF DEATH (Enter anly ane cause per line PART 1. DEATH WAS CAUSED BY: 5020 MMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave is to immediate cause (a), stoting the underlying cause last. (c)	chionic Bron	chitis, Em	ere. Cor-pulno physema.	INTERVAL BETWEEN ONSET AND DEATH
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	Part I ar Part II af item 18.)	
	Haur o.m.		CE OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(Caunty) (State)
	21. I certify that ***(this haspital) att saw the deceased alive an	ended the deceased fram_J	une 4, , 19	67 , ta June 9	_, 19 6.7 , that ½) (we) last d an the date stated abave.
	22a. SIGNATURE 7 Xoecuacias		D. ATTENDING D	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 6/10/67
/	22c. PHYSICIAN'S NAME (Type) T. J. HERNA	GNJEZ, MD	22d. ADDRESS	PGGH	
1	230. BURIAL (REMATION, BURIAL (Specify) 6-12-196	7 FORT LINCO	LN CEM		- MARYLAND
	24. FUNERAL DIRECTOR	RIVER DALE	Mh 250 REC'D	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 301

0	8	5	2	7

CERTIFICATE OF DEATH

									13 221	7 () ()
	PLACE OF DEATH				2. USUAL RESIDENCE (Where dece			ce before admi	rssiom). W
I	rince Ge	orges		MARYLAND	o. STATE Maryland		b. COUN	e Geo	2002	
_	b. CITY OR TOWN (If outside corporate limits		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If gu	utside corpo				1)
(Chever Iv	give nearest tawn)		I FIRE CONTRACTOR					,,,	
		AL OR INSTITUTION (If na	t in basnital a	ive street address)	Hyattsvil	re			I a IS P	ESIDENCE
					U. SIKEET ADDRESS				ON	A FARM?
_		orges Gener		-	5417 55th				YES	NO NO
	NAME OF DECEASED	Fin	st	Middle	Lost	4. DATE	Mont	n	Doy	Year
	(Type or print)	Ma	ude	H.	Bell	DEAT	H Jun			1967
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	886	 AGE (In years last birthday) 	Months	Days Hou	IDER 24 HRS.
F	emale	White	WIDOWED	DIVORCED	Jan. 13, 1986		81 yrs.	MOIIIIS	Days nou	irs Min.
10a	. USUAL OCCUPATION	(Give kind af wark dane		ND OF BUSINESS OR	11. BIRTHPLACE (County		fareign country)		IZEN OF WHA	1
dur	ing most of working	EWIFE	INL	At Home	NEW J	ERS	SEV	CO	UNTRY?	3
13.	FATHER'S NAME	EWIFE		11 176 11 6	14. MOTHER'S MAIDEN I	1-11				
	HERR	1. 193	ERRE	1/	UNKA	INUI	N			
15.		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17.	INFORMANT	4000	Addre	SS A C	2 24 6)
(Y€	es, no, ar unknawn)	(If yes give war ar dates a	service)	VONE SA	INFORMANT AMES S. B	ELL	- SAM	SAS	, ~ ~	_
		EATH (Enter only one caus	se per line for					A 100	INTERVAL	
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0) (er	eprol He	morrha	9 1			ONSET AN	D DEATH
	3317	DUE	—							
	Conditions, if ony	, which gave)	(b) Cer-	chral Ar	teriosel-	e w . 5	13		/mo.	NYG
	rise to immediat		(-)							
	stoting the unde		(c)							
				O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GE	VEN IN PART 1(a)		19. WAS A	ALITOPSY
NO.	TAKE SI	ONLINEARIT CONDITIONS CO	/ C	(0)		-	TER IN TAKE T(0)		PERFO	ORMED?
B	31-9	17518 Let	7 3/0	de of 18601	0 0 1	80	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES	NO 🔀
CERT		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter nerure of injury in	PORT I or Po	'art II at Item IB.)			
3		JRY Manth, Day, Year	20d. IN		ACE OF INJURY (Hame, farm		(City or town)	(Cos	unty)	(State)
ME	Hour a.i	10	While of wark		tary, street, office bldg., etc.)	'				
	21. I certi	fy that (I) tibischess	attend)_attend	ded the deceased fram_	may 1	963.	1028 Jus	u . 196	7, that	Time) last
		eceased alive an 2			it death occurred at		M, from causes	and on th	ne date sto	ted abave.
	229 SIGNATURE	. /	0,		47751101110	uco	CTAFF	22b. DA	ATE SIGNED	
-	Thome	m. Thete	elin.	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	16-2	18-67	7
_	22c. PHYSICIAN'S				22d ADDRESS			April 1		
	NAME (Type	Thomas M.	Hutchin	ns, M. D.	7315 Land	over	Rd. Lando	ver,	Maryla	nd
230	. BURIAL, CREMATH		REOF	23c. NAME OF CEMETERY OR	CREMATORY		LOCATION (City or To		(County)	(State)
1.	REMOVAL (Specify	JU/4 2	1967	MOUNTAIN VI	FW CENETS	PVS.	augerti.	és i	NOW Y	ork
24	. FUNERAL DIRECTO		101	ADDRESS	2So. REC'I	BY REGIS	STRAR2Sb. RE	OFFRAR'S S		Lake
1	11.10	lenc) N	werdale 1	//// DITT 111		1961/ /	Carry	1	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capacletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any exect, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

Pulsar Congress Congress (and pulsars) and pulsars and pulsars of the pulsars of To the state of th 15 WEEL, LI. met. 12, 1989 GE THE STATE OF THE S Marin The HAID IN THE LOCK THE TENED OF THE PROPERTY OF Thorne W. Merchine, M. D. W. Vill Landover C. Landover, Maryland

the within 72 hours .= papers. filled carban campletely ony ev remove pup = please physician /pup ar remaval, crematian, burial-transit signed 1 burial, Health priar ta certificate has been lor detached After DIRECTOR: FUNERAL

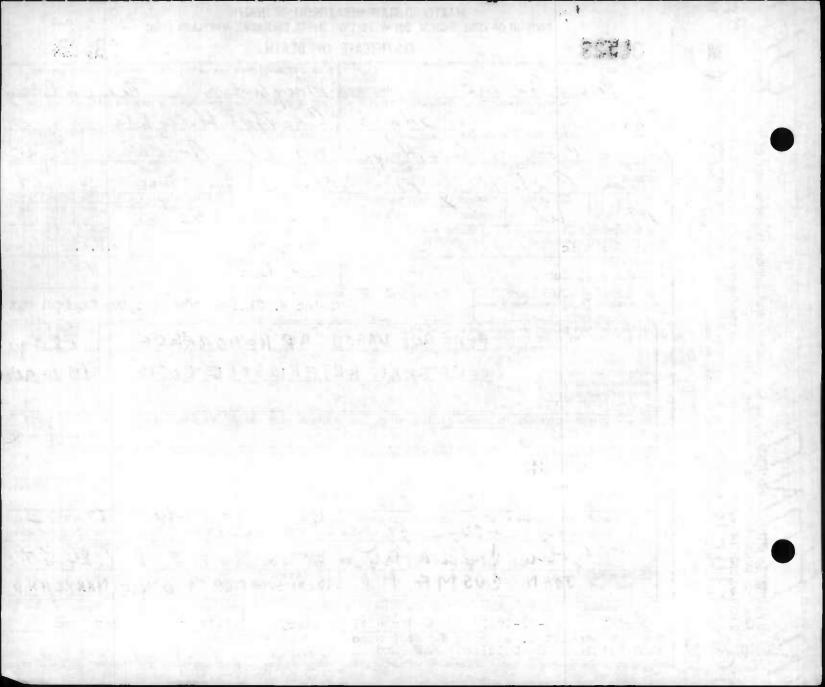
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

or attending the haspital be retained by director, page 3 shauld shauld be filed with the 9

VR A15 (4)

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY MARYLAND h CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) KVEK/4 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO . NAME OF Middle First Last 4 DATE Month Dov Year DECEASED 24 JUNE (Type or print) DEATH S SFX AGE (In years YFAR DATE OF BIRTH IF LINDER IF LINDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Haurs Days WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria Gant Andrew Bladen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO INFORMANT Address Violet V. Bladen 309 61st Ave Capitol Hgt 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: EREBRO-VASCULAR HEMORITAGE IMMEDIATE CAUSE (a) DUE TO CEREBRAL ARTERIOSCLE ROSIS Canditians, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Hour a.m. While Not While foctory, street, affice bldg., etc.) at work at work d fram 6-22- , 19 67, to 6-24- , 19 67, that (I) (we) last and that death accurred at 6 6 M, fram causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 22a. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 6-27-1967 Cedar Hill Cemetery Suitland Maryland 24. FUNERAL DIRECTOR obert Wilhelm Fune Home 2Sa. REC'D 8Y REGISTRAR 2Sb REGISTRAR'S SIGNATURE 4308 Suitland Rd Suitland Maryland

DATE



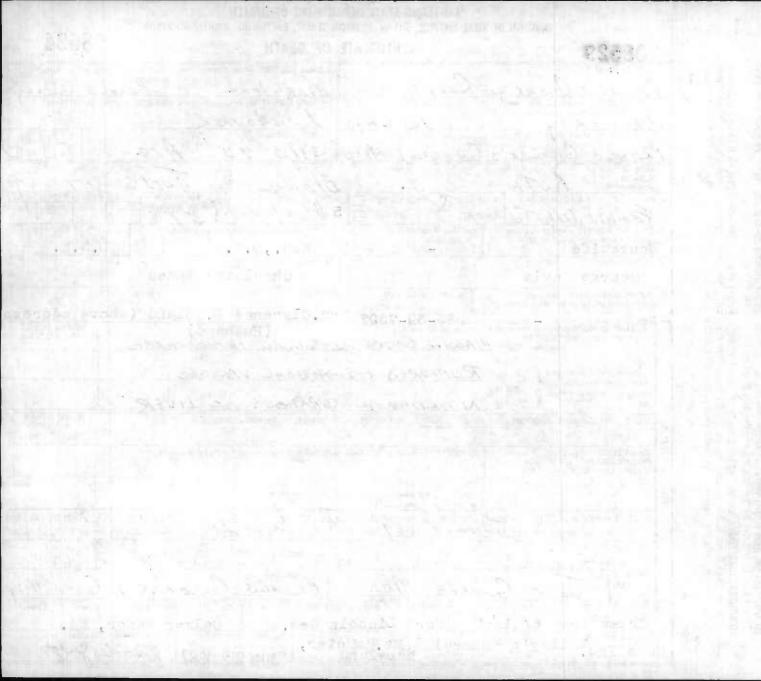
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		08529	CERTIFICATE	OF DEATH	21201	08524
)	1	CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	= COUNTY MARYLAND C. LENGTH OF STAY IN 1b 13 days hospitol, give street oddress)	c. CITY OR TOWN (If outside	e deceosed lived, if institution: b. COUNTY corporate limits, write RURAL	ond give neorest town) (e. 18 RESIDENCE
4	1	RINCE GRONDE'S	GENERAL HOSP	3113 7	DATE Month	ON A FARM? YES NO Doy Year
		DECEASED Type or print) RoTA	E.	Bland	00	5 17 19 67
	S.	FEMALE WhiTE	WIDOWED DIVORCED	8. DATE OF BIRTH 5 16/16/10	lost birthdoy) N	FUNDER 1 YEAR IF UNDER 24 HRS. Nonths Doys Hours Min.
	duri	USUAL OCCUPATION (Give kind of work done to most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	•	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME George Davis		14. MOTHER'S MAIDEN NAME Charlo	tte Baden	
	1S. (Ye	Conditions, if ony, which gove)	wer line for (o), (b), and (c).) MASSIVE CHEROLO - IA	(Hus	band) Emorrange	Above addres INTERVAL BETWEEN ONSET AND DEATH
		rise to immediate couse (a), stating the underlying couse lost.	NUTRITIONAL	CARRHOSIS	OF LIVER	
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI		1		19. WAS AUTOPSY PERFORMED? YES NO
		2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2Db. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		21. I certify that (I) (this haspite saw the deceased alive an	H) attended the deceased fram_ ンルミュフ 19 こフ, and tha	t death accurred at/0:	7, to JUNE 17	7, 19 <u>4</u> 7that (I) (we) last distribution of the date stated above
		220. SIGNATURE 22c. PHYSICIAN:S NAME Type)	M.D. M	D. ATTENDING MED PHYS. DIRE 22d ADDRESS	CTOR L PHYS. LY	22b. DAT SIGNED (5 (6))
0	230	BURIAL, CREMATION, 23b. DATE THEREO	Fort Lincol	CREMATORY	Colmar Mar	
3		CHINEDAL DIDECTOR	uneral ADDRESS Rai	nier 2So. REC'D BY	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR 25



Pt.2 Item 18 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-23-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death -oud the funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince Georges o. COUNTY b. COUNTY MARYLAND by In. Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) papers. Pus 72 haurs write PURAL and Dis legrest (Own ral) Washington, D. C. 6 mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 h completely filled Glenn Dale Hospital 332 Channing St., N. E. 3. NAME OF Middle 4. DATE First Last Month DECEASED Bernard B. Bonner (Type or print) COL DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED ave 6 ast birthday) 11/26/1897 Male White In any WIDOWED DIVORCED re an 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** and unknown - retired unknown West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, en Steven A. Bonner Christine Varner attending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor ar dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 577-30-9457 Decedent no crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma with metastases IMMEDIATE CAUSE (a) by be retained by the haspital or attending physician. DUE TO signed burial, Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause as the priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) has Health p CERTIFICATION Moderate severe generalizarteriosclerosis. /Pulmonary/tuberoulosis certificate 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark After at wark 19 66 , to 21. I certify that (this hospital) attended the deceased from. 12/5/ 6/7/ 19 67, that (b) (we) lost DIRECTOR: 1967, and that death occurred a3:40PM, fram causes and on the date stated above. sow the deceased olive an 22a. SIGNATURE STAFF PHYS. M.D. Page 4 may k 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital Moe Weiss, M. D. NAME (Type) Glenn Dale, Md.

O FUNERAL VR A15 (4) 25M 1/67

23g. BURIAL CREMATION.

24. FUNERAL DIRECTOR

Burial

REMOVAL (Specify)

23b. DATE THEREOF

ee Fun. Home 300 4th St.NE Wash.

June 1967

23c. NAME OF CEMETERY OR CREMATORY

Arlington Nat.

Virginia 256. REGISTRAR'S SIGNATURE DATE JUN 1 2 1967

23d. LOCATION (City or Town)

Myer

08525

7

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

USA

Months

e. IS RESIDENCE

ON A FARM?

YES NO

19 67

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PEREORMED?

NO

(Stote)

YES X

(County)

22b. DATE SIGNED

6/7/1967

(County)

Market Sourist

internal Daile (cours) to some VERGINALITY D. C.

Managed State Mospeett .52 Oberming St., H. D.

Bernard 3. Bennerd

Hale Shire a 11/26/1893 69

Adu siminom - registed unknown unknown - weeks / logical - mennic

They are the comments

377-30-7657 Encodest

21/5/ co 3:4.2

VSPIN/1967

. Level to the fact that the

Court was the Table of Hull of the Land and All Advantage of the Land and the Land

death. ofter 24 hours filled be executed within ond that the deoth certificate offending be retained by the hospital or OR ATTENDING PHYSICIAN:

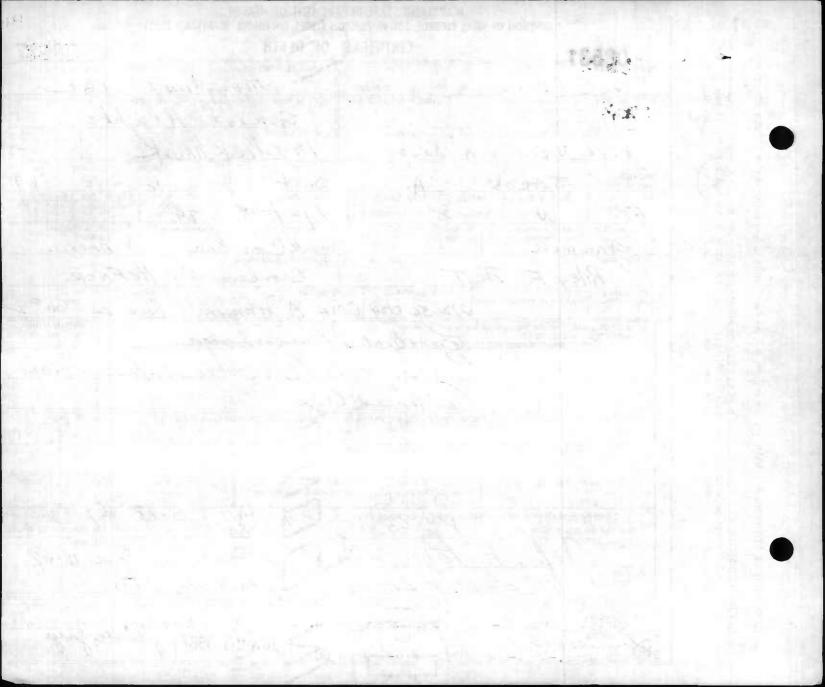
within 72 l completely f ond in any physician (buriol, crematian, or removal, offending p signed by the buriol-tronsit far use os the b Health prior to b TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached f should be filed with the State Dept. of

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits. write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO NAME OF First Middle DATE Lost Day Year DECEASED OF DEATH 18 DOS (Type or print) 19 AGE (In years IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Haurs Days WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY TAR Men 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates of service) -56-0124 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for Let, D). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Haur 'o.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) ottended the deceosed fram 3 and that death occurred at 8:20 M, from couses and sow the deceased alive on. the date stated above an 22o. SIGNATURE DATE SIGNED STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (State) (County) REMOVAL (Specify), Bethlehem Meth. Cemetery Statesville. North 24. FUNERAL DIRECTOR **ADDRESS**

.661-Good Hope Rd SE Wash DC

VR A15 (4) 25M 1/67

TO HOSPITAL



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending purishing and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The properse remove carbon papers. Page 1-and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after deat

Poge 4 moy be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 (4) 25M 1/67

0853	2		CERTIFICATE	OF	DEATH				0	852	8
PLACE OF DEATH O. COUNTY	Prince Geo	rge's Co	ounty MARYLAND	2. U S o.	UAL RESIDENCE (V	Where deceos	ed lived, if institu b. COU	tion: Reside	nce befor	re odmissio	n) S
b. CITY OR TOWN write RURAL o Edmons	(If outside corporate liming give negrest town)	ts,	c. LENGTH OF STAY IN 1b	c. CIT	OR TOWN (If au Edmonstor	tside corpora	te limits, write RU	IRAL ond give	ve neores	st town)	
d. NAME OF HOSP	ital or institution (if necatur st, .	ot in hospitol, gi	ve street oddress)	d. ST	322 Dec	atur s	st			e. IS RESID ON A FA	DENCE ARM? NO X
3. NAME OF DECEASED (Type or print)	Saral	irst L	C Middle Br	addy	Lost	4. DATE OF DEATH	June		Doy 196		or
s. SEX female	6. COLOR OR RACE white	7. MARRIED [WIDOWED [NEVER MARRIED K		OF BIRTH 12, 189	9.7	. AGE (In years lost birthdoy) 76 yrs.	Months Months	Doys	Hours Hours	Min.
during most of working	•	US	D OF BUSINESS OR USTRY Government	N	orth Ca	rolin		12. C	OUNTRY?	WHAT	
13. FATHER'S NAME	George H Bra	ddy		14. N	Susan		ler				
	VER IN U.S. ARMED FORCES? (If yes give wor or dotes			inform san	ANT A Shiele	ls	Addi Edmonsto		Md.		
PART I. DE	DEATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE DUI 1y, which gove)		o) (b), and (c). Pilling	01	ary &	dou	sen	20		ISET AND D	
rise to immedia stating the und lost.	derlying couse	(c) 10	pedensin	20	ardi	e vo	soul	rde	sea	21	Ocin
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	DEATH BUT NOT RELATED TO 1	THE TERI	MINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORMI	NO 🔀
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter n	oture of injury in I	Port I or Port	t II of item 18.)				
Hour o	JURY Month, Doy, Yeor o.m. 19	While	Not While foct		JURY (Home, form et, office bldg., etc.)		(City or town)	(Co	ounty)	(Stote)
saw the d	deceased alive an_4		ed the deceased fram 19 6 , and that			967, to	from causes		the dat		,
22c. PHYSICIAN NAME (Typ	caltas	glas GE L	AGEAGE). PH	ENDING /S.	MED. DIRECTOR	STAFF PHYS. C	22b. [6-	DATE SIGN	67	
230. BURIAL, CREMAT REMOVAL (Specif Burial	TION, 23b. DATE TH		23c. NAME OF CEMETERY OR Ft Lincoln C				CATION (City or To		(County	,	tote)
24. FUNERAL DIRECT	ch's Sons	Hyatts	ADDRESS ville, Md.		2So. REC'D	BY REGISTR	AR 2Sb. R	EGISTRAR'S	SIGNATU	RE	2

SCESO Trupped 69000 co.t. vinne 2, 1097-, GENREE HAGENGE Cottage and the state of t

08533

CERTIFICATE OF DEATH

08529

1. PLACE OF DEATH			67.75	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)				
o. COUNTY Prince Georges MARYLAND				o. STATE Maryland b. COUNTY Prince Georges				
b. CITY OR TOWN (If out	side carparate limits,	c. LENGTH OF STAY II		WN (If autside co	parate limits, write RURAL		0	
Riverdale, Md. 18days 13hrs.				ellville		16.1		
		naspital, give street address)	d. STREET ADD		1	l e. IS RESID	YENCE	
					11.50	ON A FA	ARM?	
Eugene Lelai			Route	e 1, Bex	1450	YES	NO BC	
3. NAME OF DECEASED	First	Middle	Lost	4. DA		Doy Yea		
(Type or print) Cal	coline	Α.	Bradford		ATH June	22 19	67	
S. SEX 6. (COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRT	Н		IF UNDER 1 YEAR IF UNDER		
r	W	IDOWED DIVORCED	□ 4/9/27		40 (ast birthday) yrs.	Months Doys Hours	Min.	
100. USUAL OCCUPATION (Giv		10b. KIND OF BUSINESS OR		E (County & Stote,	_	12. CITIZEN OF WHAT		
during most of working life, e Housewife	ven if retired)	INDUSTRY		CON				
13. FATHER'S NAME				Washington, D.C.				
			14. MOTHER 3		m.1.m. 1			
Emil DiTo				Anna	DiTete			
15. WAS DECEASED EVER IN I		16. SOCIAL SECURITY NO.	17. INFORMANT		Address			
unknown			Hospital H	Records				
18. CAUSE OF DEATH	(Enter only one couse pe	r line for (o) (b), and (c).)		1	v . 1	INTERVAL BETY		
PART 1. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	1 Arci	nome	6 01/	neon	ONSET AND D	EATH	
170X	DUE TO	11,71	01117	60/1	100	1177		
Conditions, if ony, whi		www	Muca	afte.	200			
rise to immediate car	ISB (0). (DUE TO							
stoting the underlying	couse							
	, (c) _					110 1110	2001	
PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DIS	SEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTO PERFORME	ED?	
2						YES [*	NO Z	
200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY Hour o.m.		20b. DESCRIBE HOW INJURY OF	CURRED. (Enter noture of	injury in Port I or	Port II of item 18.)			
OR CONTRIBUTING CA								
₹ 20c. TIME OF INJURY		20d. INJURY OCCURRED	20e. PLACE OF INJURY (Ho	ome, form, 2	Of. (City or town)	(County) (S	Stote)	
Hour o.m.	19	While Not While	foctory, street, office l	bldg., etc.)				
p.m.		otwork U otwork U	51/	10 (0	Auror	2 10/7 H + 10 1	` ` '	
) attended the deceased		, 1960		2, 196/, that (I) (v		
	sed alive on	m 7-7 1960,0	ind that death accur	red of // 2	M, from causes an	d on the date stated	obov	
220. SIGNATURE	1/1/1/	201/11	ATTENDING	MED.	STAFF C	22b. DATE SIGNED	r	
	-00/	lavar	M.D. PHYS.	DIRECTO	R L PHYS. L	6-73-6	/	
22c. PHYSICIAN'S NAME (Type)	L.W.	Malin	MD 22d. ADDR	ESS	und	ele M	0	
23o. BURIAL, CREMATION,				23d) (County) (St	tole)		
REMOTAL (Specify)	6-26-196	7 Fort Lin	coln Cemete	rv	Bladensburg		,	
24. FUNERAL DIRECTOR	00	ADDRESS -	. 7 102	Sa. REC'D BY REC	GISTRAR 1 25h REGIS	STRAR'S SIGNATURE		
Take 151.	101. V. T.	- they 4308	willand A	ATE JUN	26 1967	Charles Jud	Lee.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

There is no market and entering the control of the

}* }**- :

	to depart 1		WATER BOILT
	At Exchange		الانتاساء، الله
	Doller , orlet	Larige's In-	Lycae Lalend Herori
	antive de Displand		ent ore
	• • ,		- F./Ab.
	greTr tun		sterk list
	The second second		
F. 5			

MARYLAND STATE DEPARTMENT OF HEALTH

and the last		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
		08534 CERTIFICATE OF DEATH 08530						
) [LACE OF DEATH COUNTY PRINCE GEORGE'S CO MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MARYLAND b. COUNTY PRINCE GEORGE						
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town HEVEKEY YES BOWIE MD 16-1						
14		NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) PRINGE 6ED. 6EN. HOSPITAL d. STREET ADDRESS 12605 KNOWLEPGE CA e. IS RESIDENCE ON A FARM? YES \sum NO [7]						
	(1	IAME OF First Middle BROKS 4. DATE Month Day Year PECASED (Spe or print) BETTY 24 BROKS DEATH SUNE 9 19 67						
	S. SI	WIDOWED DIVORCED 2-11-31 Jost birthday) Manths Days Hours Min.						
	durin	USUAL OCCUPATION (Give kind of work dane agree) 10b. KIND OF 8USINESS OR 11. 8IRTHPLACE (County & Stote, or fareign country), 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY?						
	13.	FATHER'S NAME Welliam Carl Jackson Marie Mater						
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? In SOCIAL SECURITY NO. 17. INFORMANT Donald Brooks Address Some @ #2						
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (a) CEREBRAL EDEMA: AND HEMORPHAGE							
S MEDICAL CERTIFICATION		Conditions, if any, which gave) DUE TO MALIGNANT BRAW TUMOR (640 BLASTOMA) 6 WK						
		rise to immediate couse (o), stating the underlying couse last.						
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO [[]						
		20s. ACCIDENT WAS UNDERLYING \(\text{ 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)} \) OR CONTRIBUTING \(\text{ 2ause of Death of item 18.} \) (IF LITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICA	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State)						
		21. I certify that (IV (this haspital) attended the deceased fram 4 - 27, 1962, ta 6 - 9, 1962, that (I) (we) less the deceased alive an 6 - 8 - 1962, and that death accurred at 5 AM, fram causes and an the date stated about						
	220. SIGNATURE ATTENDING PHYS. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 6-9-67							
		PHYSICIAN'S NAME (TYPE) JAMES W. HARPING 1 22d. ADDRESS 9601 RIVER PALE RP CAMPAGE 1						
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION SEMOVAL (Specify) 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION STORY OF THE PROPERTY OF THE PROPERT						
	24.	FUNERAL DIRECTOR SONS HVATTSVILLE MB. DANEUN 12 1967 Glissiles Junger						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

school tender Public school Dorold Brooks. Some Burner Tour Time Tourist Tieres Tourist Tieres In Tieres Tand

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S DEATH CERTIFICATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a COUNTY a. STATE b. COUNTY the funeral 5 may be death. Department CITY OR TOWN (If outside corporete limits)
write RURAL end glyg neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) simille 0 after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? STREET ADDRESS EXAMINER: This certificate should be executed within 24 hours after death. If any delay be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 whould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours a NOX NAME OF First DATE Day Yeer Middle Lest DECEASED the 72 0F DEATH (Type or print) 196 and 2 with event within AGE (in years IF UNDER I YEAR lest birthday | Months | Days 5. SEX RACE DAT E OF BIRTH IFUNDER 24 HRS NEVER MARRIED 7. MARRIED Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired INDUSTRY COUNTRY? any pages in any FATHER'S NAME MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ddress 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), Ao), end (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which geve rise to immediate DUE TO ceuse (a), steting used as a to burial, Ø underlying cause last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES 7 NO 3 should be agent, prior 20a. EXTERNAL CAUSE WAS INJURY OCCURRED. (Enter nature of Injury In Part be forwarded PRIMARY OF CONTRIBUTING CAUSE OF DEATH. unknown 20e. PLACE OF INJURY (Home, farm, MEDICAL 20d. INJURY OCCURRED (State) factory, street office bldg., etc.) While Not While, CTOR: Page designated at work at work Inspection plnods 21. I certify that I took of the remains described above, held an Autopsy Inquiry and In my opinion charge files. DIRECTOR: death resulted from: Suicide Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER for your Page 4 O DEPUTY ME 0 FUNERAL I **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 50 Memorial Maryland 10 6/29 Park Harmony REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 4001 Benning Road, DATE

VR A15ME (5) 5M 1/65

Fineral

Home

Ober - Hearton El V. con Hamille Clot 3 Welcowing Porce BROOKS & Jame = 1 DONNA The bush of the asphyria Extended auguspain For in multiplice inturger 4 above heart mile - i-For to Lot and a standard of the borne for he Contra Chalker : " Bishings - DAMMO MATKINS

MARYLAND STATE DEPARTMENT OF HEALTH

2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. er cheath completely filled in by the funeral towe carbon papers. Pages 1 and PLACE O o. COUNT b. CITY O within 72 hours tove carbon papers. d. NAME NAME O DECEASE (Type or S. SEX Ma **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and edirector, page 3 should be detached for use as the buriol-transit permit. Then please remose should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in a ly 10o. USUAL O during most 13. FATHER Line IS. WAS DEC CA. 1B. Poge 4 may be retained by the hospital or ottending physician. Conditio rise to stoting last. PART II MEDICAL CERTIFICATION 20o. ACC OR CON (IF EITH) 20c. TI 21. I certify that (I) (this has ited) saw the deceased alive on June 22o. SIGNATURE PHYSICIAN'S 05 NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 6-5-67

	DIVISION OF	VITAL RECO	CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sepital, give street address) eneral Hospital Middle Lost Brown Month Doy Year YES NO EX NO EX ARRIED Month Divorced Jip 67 ARRIED Month Divorced Jip 67 ARRIED Month Divorced Jip 67 Month Divorced Jip 11/22/01 Months Doys Hours Min. Maryland June Jun									
53	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. (OUNTY Maryland Prince George's OWN (If outside corporate limits, Leingth of Stay in 16 Stay in 16											
DEATH			MARYL	AND	o. STATE		b. COU	NTY	e before	odmission	1)	
R TOWN	(If outside corparate limits, deive regrest tawn)		59 day		c. CITY OR TOWN (If ou	ıtside corpo	rate limits, write RU	RAL ond give	neorest 1	own)		
Prince George's General Hospital					d. STREET ADDRESS					ON A FARM?		
print)		rew				OF	Tarm					
le	771 2 4	20					lost birthdoy)			-		
							oreign country)	12. CIT COL	IZEN OF V	VHAT A		
NAME coln	Brown						e y					
		vice)				V. B:			abo	ve		
NSE OF D	TH WAS CAUSED BY:	er line for (o),	(b), and (c).) In who	(oma							
	, which gove) (b)	Civi	lusti	1 1	of live	n			5	yei	274	
		Por	mute	it	riv-Al	lard	eolise	•	10	yes	arp	
OTHER S	IGNIFICANT CONDITIONS CONTR	RIBUTING TO D	EATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE COI	NDITION GIV	VEN IN PART 1(o)		19. W PI YES	AS AUTOF ERFORMEI	PSY D? 10 X X	
RIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	CURRED. (Enter nature of injury in	Port I or P	ort 11 of item 1B.)					
ME OF INJ Hour o.	URY Month, Doy, Yeor m.		Y OCCURRED :		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Cou	nty)	(Si	tote)	

1967 , toJune 2 attended the deceased fram April 1967, that (1) () last and that deoth accurred at 7:10 M, from causes and an the dote stated abave. 22b. DATE SIGNED MED. DIRECTOR

A

NAME OF CEMETERY OR CREMATORY Lincoln Cemetery 23d. LOCATION (City or Town) Colmar

(County) (Stote)

24. FUNERAL DIRECTOR Nalley Funeral Home

ADDRESS

Mt Rainier, Md.

2So. REC'D BY REGISTRAR 1967

VR A15 (4) 25M 1/67

none demand a constitution comments of the property of the content of the content

g saroul such

ejiem olek

Prince Guorge's Garacal Hospatal

Andrew

place of a circ subject the

Se Lave St. Fairtier

. Dr. Brees Lines

June - 2. 21

Average of the state of the sta

AND ARLES OF THE PERSON OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

NO XXX

	069	31			CEKIII	TCATE	OF DEATH			035	33
	PLACE OF DEATH O. COUNTY Prince Georges b. CITY OR TOWN (If outside corporate limits,				MAD	YLAND	2. USUAL RESIDENCE (V		sed lived, if institu b. COU	tion: Residence	before odmission) Georges
1	b. CITY OR TO	WN (If outside cor	porote limits.		c. LENGTH OF STAY		c. CITY OR TOWN (If ou		ote limits, write RU	RAL ond give	neorest town)
	Write KUKA	L ond give negres Cheverly	t town)		13 days			Rainie		3.70	11.1
		OSPITAL OR INSTIT	UTION (If not in	n hospitol, gi		-	d. STREET ADDRESS				e. IS RESIDEN
14	Prince	Georges	Genera	al Hos	pital		3803	33rd	Street		YES NO
	3. NAME OF DECEASED		First		Middle		Lost	4. DATE	Mon	th	Doy Year
	(Type or print			mes	P.		Brown	DEATH		me 13	
	S. SEX Male	6. COLOR O		. MARRIED [WIDOWED [NEVER MARRIE DIVORCE		3/17/1901	5	9. AGE (In years last birthdoy) 66 yrs.	Months 1	YEAR IF UNDER 24 Doys Hours
	10o. USUAL OCCUP during makes we	ATION (Give kind of	work done tired)	10b. KIN IND	D OF BUSINESS OR USTRY Retire	d	Wash. D.C		reign country)		ZEN OF WHAT
	13. FATHER'S NA	ME Robe	ry Br	own.			14. MOTHER'S MAIDEN I		11		12.
	(Yes, no, or no.	OF DEATH (Enter o	ar or dotes of se	578	OCIAL SECURITY NO. 3-07-6926 o), (b), ond (c).)		rine C. Sch	aefer		Wark Sington	INTERVAL BETWE
	PART I	DEATH WAS CAUS	ED BY: NATE CAUSE (o)						4.00		ONSET AND DEAT
	33	ンナ人	DUE TO		0 11	. 0	Higher				121
	Conditions, i	f ony, which gove ediote couse (o),	(b)		ruch	rul	Turka	الها			1) day
		underlying couse	DUE 10								
		ED SIGNIFICANT CO) (c)		DEATH BUT NOT BE	ATED TO T	HE TERMINAL DISEASE CON	IDITION CIVI	EN IN DADT 1/-1		19. WAS AUTOPS
2	NO.	EK SIGNIFICANT CO	MUTTONS CON	IKIBUTING TO	DEATH BUT NOT KE	LAIED TO T	TE TERMINAL DISEASE CON	ADITION GIVE	IN IN PAKI I(0)		PERFORMED? YES NO
	OR CONTRIBU	T WAS UNDERLYING UTING CAUSE OF I	DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Por	rt II of item 18.)		
	20c. TIME O	F INJURY Month, I ur o.m. p.m.	Doy, Yeor	20d. INJ While of work	URY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Coun	(Sto
							death accurred at				
	22o. SIGNA	2	1 F	1	1	M.D	PHYS.	MED. PM DIRECTOR	STAFF PHYS.	22b. DAT	E SIGNED 196
1	22c. PHYSIC NAME	Tyne)	R. Le	vitsky	, M. D.		22d. ADDRESS Prince Ge	orges	General	Hospi	tal
	23a. BURIAL, CRE REMOVAL 6	MATION, 23	6/17/		23c. NAME OF CEM			23d. LC	CATION (City or To	own) (i	County) (Stote
	24. FUNERAL DI	hambers	Co. In	517	ADDRESS	. S.I	2So. REC'L	BY REGISTI	1967 25h	OISTRAR'S SIG	NOUR SEE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

The Content of State of the Sta

20000 1 000120

Wineyerly

ot. Walnish .po

Company to the contract of the

20 [00° 7° 7°]. X

Prince Concess Canoral Hospital 3803 3304 Acrest

.O. R. . de C. Comide C. Commed Fill =

State of the state

tott At man as how the transport of the party of the part

Lanc L. Laviers V. C. ""three Leavest Veneral Housefell L.

N. W. Characock Co. Inc. "Washington, D.C. | Castle I & 1887 | Service of the Contract of the

lay is necessary, 3 to the funeral Page 5 may be Department after death. 2, and PM3. F del 24 hours after death. If no ltem 18. Give Pages 1, Office along with form in pencil in Item Examiner's Office AL EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 62 shoul execute the r. Page 4 s d for your DEPUTY

State 23 and pages 1 in any permit. removal, burial-transit used as a to burial, (PE 3 shou CTOR: Page designated FUNERAL DIRECTOR: Health or its design TO DEPUTY please ex director. of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE PRINCE GEORGES MARYLAND PRINCE GEORGES

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ANDREWS AIR FORCE BASE DOA OXON HILL e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? USAF HOSPITAL ANDREWS YES NO Y 4941 WHITE OAK DRTVF NAME OF First Middle Last 4. DATE Month Day Year DECEASED 1967 (Type or print) DEATH CHESTER W BURLENSK JUNE 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. last birthday) Months Days Hours WIDOWED DIVORCED MALE OCT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) 11. COUNTRY? during most of working life, even if retired) INDUSTRY SEAMAN EQUIPT. WATERBURY. II S SPECIAL US MAVXX GOV. CONN 13. FATHER'S NAME MOTHER'S MAIDEN NAME STANLEY BURLENSKI JULIA FOLGA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) YES 1942 - 1958044-01-9941 WIFE same as CAUSE DF DEATH [Enter only one cause pen line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? YES NO P DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL (County) (State) 12De. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m While Not While at work at work and in my opinion Inspection inquiry 21. I certify that I took charge of the remains described above, held an Autopsy Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER

EXAMINER'S NAME (Type) CEMETERY OR CREMATORY BURIAL, CREMATION.I 23c. REMOVAL (Specify) ARLINGTON NATIONAL BURIAL

4308 Suitland Road, Suitland, Maryland

LOCATION (City, town or county)

REC'D BY REGISTRAR

ARLINGTON

25b.

(State)

22. DATE SIGNED

FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home

196

Address (Street, city, town, or county)

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

REGISTRAR'S SIGNATURE (Milesne B) udge

VIRGINIA

SIGNATURE

	DIASO Q SYASPATRAS			
TENDED TO THE	E GARLYRAY			· *
	LITH HOYO	ACC BEAG	MAR FORCE	
	WIND MAD STIRM IFE T		MOSPITAL ON	
7	THE THE STATE OF	M 237		
	17 007 38 22 22		L. JAR.	A* -
	WATERBURY	E TWANTED THE	THE REAL PROPERTY.	32
	ADJOT ATTURN St. ac ones Dian		The I	av av
		,	ick (1) scaled post funtage des	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02535

- 1	00303	CERTIFICATE				
	ACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, if institut	tion: Residence before admission	
a. (COUNTY		a. STATE	b. COU	NTY	
	Prince Georges	MARYLAND	Mary	land Pr	ince Georges	
	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	RAL and give neares Plawn)		
1	write RURAL and give nearest town)		II .			
	Cheverly	12 days	Hyati	tsville	16.1	
d. N	NAME OF HOSPITAL OR INSTITUTION (If nat in h	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDE	
					ON A FAR	
P	rince Georges Genera	1 Hospital	5715	Jamestown Roa	d YES N	
	ME OF First	Middle	Last	4. DATE Mon	th Day Year	
DEC	CEASED			OF	10	
	pe or print) Waldo	B	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 TEAR IF UNDER 2	
S. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH	y. AGE (In years last birthday)		
vv	Male w	IDOWED DIVORCED		1000	Manths Days Haurs	
KeX	White	10b. KIND OF BUSINESS OR	22 Aug.		10 CITIZEN OF WHAT	
luring r	SUAL OCCUPATION (Give kind of work done		11. BIKIHPLACE (LOUNI	y & state, ar fareign country)	12. CITIZEN OF WHAT	
L	mast of working life, even if retired)	Self employed	Pro Geo G	County Md.	COUNTRY?	
_	THER'S NAME	A . V	14. MOTHER'S MAIDEN			
J	ames B. Burnside		Marie Whi	iting		
15. W.	AS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Addr	ess	
(Yes, ne	or unknawn) (If we give wor or dates of serv	in all				
	ICS W. W. I	210 00 9000 21	eanor T bur	rnside Hyatts	ville, Ma.	
10	P. CALISE OF DEATH (Enter only one rouse no	r line for (a) (b) and (c))			INTERVAL RETW	
18	B. CAUSE OF DEATH (Enter only one cause per				INTERVAL BETW ONSET AND DE	
18		r line for (a), (b), and (c).) Cardiac Arrest and	Congestive	heart failure		
18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Congestive	e heart failure		
	PART I. DEATH WAS CAUSED BY: HAD // IMMEDIATE CAUSE (a) DUE TO	Cardiac Arrest and		e heart failure		
Ca	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO productions, if any, which gave (b) test to immediate cause (a)			e heart failure		
Ca	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO productions, if any, which gave (b) se to immediate cause (a).	Cardiac Arrest and		e heart failure		
Ca	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO proditions, if any, which gave se to immediate cause (a). ating the underlying cause DUE TO	Cardiac Arrest and		e heart failure		
Ca ris sto	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO proditions, if any, which gave se to immediate cause (a), ating the underlying cause to immediate cause (a).	Cardiac Arrest and	enosis		ONSET AND DE	
Ca ris sto las	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO proditions, if any, which gave se to immediate cause (a). ating the underlying cause DUE TO	Cardiac Arrest and	enosis		ONSET AND DE	
Ca ris sto las	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO proditions, if any, which gave se to immediate cause (a), ating the underlying cause to immediate cause (a).	Cardiac Arrest and	enosis		ONSET AND DE	
Ca ris sto las	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO putitions, if any, which gave see to immediate cause (a), along the underlying cause set. (b) DUE TO (c) ART II. OTHER SIGNIFICANT CONDITIONS CONTRI	Cardiac Arrest and calcific aortic st	enosis	ONDITION GIVEN IN PART 1(0)	ONSET AND DE	
Ca ris sto las	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and	enosis	ONDITION GIVEN IN PART 1(0)	ONSET AND DE	
Co ris sto los los los los los los los los los lo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO proditions, if any, which gave se to immediate cause (a), ating the underlying cause st. (c) ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING R CONTRIBUTING (AUSE OF DEATH	Cardiac Arrest and calcific aortic st	enosis	ONDITION GIVEN IN PART 1(0)	ONSET AND DE	
Co ris sto los los los los los los los los los lo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO conditions, if any, which gave se to immediate cause (a), ating the underlying cause st. ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.	ENOSÍS THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) n Part 1 ar Part II of item 18.)	19. WAS AUTOP PERFORMEL YES	
Co ris sto los los los los los los los los los lo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO proditions, if any, which gave se to immediate cause (a), ating the underlying cause st. (c) ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING R CONTRIBUTING (AUSE OF DEATH	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) n Part 1 ar Part 11 of item 18.) m, 20f. (City ar town)	ONSET AND DE	
Coris sto loss	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.	ENOSÍS THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) n Part 1 ar Part 11 of item 18.) m, 20f. (City ar town)	19. WAS AUTOP PERFORMEL YES	
Co ris sto los los los los los los los los los lo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While of work of work of work	ENOSÍS THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc.)	DNDITION GIVEN IN PART 1(a) Part 1 ar Part 11 of item 18.) Imp., 20f. (City ar town)	19. WAS AUTOP PERFORMEE YES XXXX N	
Co ris sto los los los los los los los los los lo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 40e. PLA foot arwark of work 10cm of work 1	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc.) May 30, 196	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 1 a June 11	ONSET AND DE. 19. WAS AUTOF PERFORMEE YES X X N (Caunty) (SI	
Co ris sto los los los los los los los los los lo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 40e. PLA foot arwark of work 10cm of work 1	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc.) May 30, 196	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 1 a June 11	ONSET AND DE. 19. WAS AUTOF PERFORMEE YES X X N (Caunty) (SI	
Corristory Control of	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 40e. PLA foot arwark of work 10cm of work 1	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 17. ta June 11 19.40PM fram causes	ONSET AND DE. 19. WAS AUTOF PERFORMEE YES X X N (Caunty) (SI	
Corristory Control of	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED And While of twork of twork of twork of the deceased fram are 11, 1967, and that	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 17. ta June 11 19.40PM fram causes	ONSET AND DE. 19. WAS AUTOF PERFORMEL YES XXXX N (Caunty) (SI and an the date stated	
Corris stockory (IF) PA 200 OR (IF) 200 OR	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO DUE TO Conditions, if any, which gave se to immediate cause (a), ating the underlying cause st. OC. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that (I) this control is away the deceased alive an June 12a. SIGNATURE	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED And While of twork of twork of twork of the deceased fram are 11, 1967, and tha	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc.) May 30, 196 t death accurred a ATTENDING PHYS.	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 17. 1a June 11 19.40PM fram causes	ONSET AND DE. 19. WAS AUTOF PERFORMEL YES XXXX N (Caunty) (SI and an the date stated	
Corris stockory (IF) PA 200 OR (IF) 200 OR	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED And While of twork of twork of twork of the deceased fram are 11, 1967, and tha	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 17. ta June 11 19.40PM fram causes	ONSET AND DE. 19. WAS AUTOF PERFORMEL YES XXXX N (Caunty) (SI and an the date stated	
Corris stockory (IF) PA 200 OR (IF) 200 OR	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO DUE TO Conditions, if any, which gave se to immediate cause (a), ating the underlying cause st. OC. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that (I) this control is away the deceased alive an June 12a. SIGNATURE	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While at wark of twork of twork of twork of the deceased fram are 11, 1967, and that	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bidg., etc May 30, 196 t death accurred a ATTENDING PHYS. 22d. ADDRESS	m, 20f. (City ar town) 19 AQPM fram causes MED. STAFF DIRECTOR IN PART 1(a)	(County) (SI	
Corriss stocked and a stocked	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO Conditions, if any, which gave se to immediate cause (a), ating the underlying cause st. ART II. OTHER SIGNIFICANT CONDITIONS CONTRI DO. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) DO. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 21. I certify that (I) this bosovital saw the deceased alive an Jun 22a. SIGNATURE	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED while at work of oct at work of oct at work of the deceased fram and the 11, 1967, and that	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a D. ATTENDING PHYS. 22d. ADDRESS Prince G	DNDITION GIVEN IN PART 1(a) 1 Part 1 ar Part II of item 18.) 1m, 20f. (City ar town) 1.) 17n , ta June 11 19.40PM fram causes MED. STAFF DIRECTOR DESTAFF DIRECTOR PHYS.	(County) (SI (County) (SI and an the date stated (22b. DATE SIGNED (Hyattsville,))	
Carriss stocked and the control of t	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While at wark of twork of twork of twork of the deceased fram are 11, 1967, and that	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a D. ATTENDING PHYS. 22d. ADDRESS Prince G	m, 20f. (City ar town) 19 AQPM fram causes MED. STAFF DIRECTOR IN PART 1(a)	(County) (SI (County) (SI and an the date stated 22b. DATE SIGNED (X) (X) (X) (X) (X) (X) (X) (X	
Carriss stocked and the property of the proper	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO ON ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) DC. TIME OF INJURY Month, Day, Year Haur a.m. Dr. T. Certify that (I) Schoolsty Saw the deceased alive an June 22a. SIGNATURE DESTRUCTION OF THE SIGNATURE DESTRUCTION	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED while at work of wo	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a ATTENDING PHYS. 22d. ADDRESS Prince G	DNDITION GIVEN IN PART 1(a) Part 1 ar Part II of item 18.) Im, 20f. (City ar town) 1.) 20f. (City ar town) 1.) 149.40PM fram causes MED. STAFF DIRECTOR DPHYS. 23d. LOCATION (City ar Town)	(County) (Standard Mark No. (County) (Standard Mark No. (County) (Standard No. (County) (St	
Co ris stocklos stocklos of the part of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO DUE TO DUE TO Conditions, if any, which gave se to immediate cause (a), aling the underlying cause st. ART II. OTHER SIGNIFICANT CONDITIONS CONTRI DO. ACCIDENT WAS UNDERLYING — R CONTRIBUTING — CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) DO. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 21. I certify that (I) stractorated saw the deceased alive an June 12a. SIGNATURE PLANT SIGNATURE	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED at work of	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., etc May 30, 196 t death accurred a ATTENDING PHYS. 22d. ADDRESS Prince G CELLIFORM	DNDITION GIVEN IN PART 1(a) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.)	(County) (Standard Market Standard Market Stan	
Co ris stocklos stocklos of the part of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO DUE TO DUE TO Conditions, if any, which gave se to immediate cause (a), along the underlying cause set of immediate cause (a). ART II. OTHER SIGNIFICANT CONDITIONS CONTRI DO. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) DO. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 21. I certify that (I) this country Saw the deceased alive an June 12a. SIGNATURE PLANT SIGNATURE PLANT SIGNATURE SURIAL, CREMATION, CAUSE OF DEATH SURIAL CREMATION CONTRIBUTION CONTR	Cardiac Arrest and calcific aortic st BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED while at work of wo	enosis THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, far ory, street, office bldg., etc May 30, 196 t death accurred a ATTENDING PHYS. 22d. ADDRESS Prince G 250. REC	DNDITION GIVEN IN PART 1(a) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 1 Part 1 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.) 2 Part 2 ar Part II of item 18.)	(County) (Standard Mark No. (County) (Standard Mark No. (County) (Standard No. (County) (St	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave curbon papers. Pages 1 and 2, shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

and the same of the same

Maryland Prince Pance Per

Distribution in the little

Trings Canagas Conard Josephal | 5715 Lawston Board

obling one

TY MADE THE the where the one lightly than

DM or kentings of heavy a manner of the to Man to Man

caulies are a wither and loan entry being

daicille northeaumonia

(2 New 10. 1907a June 11. 27 12 13 ETIE . B

be at five your sand to be your sand and a district of the sand of

And and the second of the second

To the other transfer to the contract of the c

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OR540 CERTIFICA	ATE OF DEATH 08536
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Prince George MARYLAN	O. STATE ARYLAND D. COUNTY ST. MARY'S
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Suitland	CHARLOTTE HALL
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ON A FARM?
Suitland Nursing Home	KFD / YES ☑ NO ☐
3. NAME OF First Middle OECEASED	Last 4. DATE Month Day Year
	roughs DEATH June 11 19 67
7. WARRIEU NEVER MARRIEU	Jast birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INOUSTRY	MARYLAND U.S.A.
1-003EW/FE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TOSIAH BR WUSON	JOSEPHINE M. FOWLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	J. DONALD BURROUGHS, CHARLOTTE NAU. 1010.
18. CAUSE OF OEATH [Enter only one cause per Ane for (a) (b), and (c).]	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Trombosis ONSET AND DEATH
332X DUE TO O	
Conditions, if eny, which (b) (2511)	arteriooclerosis 3 mg.
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	Lag Wan all young
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEO?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	OCCURREO. (Enter nature of injury in Pert I or Part II of Item 18.)
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Port) of Part 1 of Rein 10.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	factory, street, office bldg., etc.)
21. I certify that (i) (this hearital) attended the deceased from	Sept 24, 1966, to June 11, 1967, that (1) Arre) last
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Franks Tellestin	M.D. ATTENDING MEO. DIRECTOR PHYS. 6./2.67
NAME (Type) Frank S. Pellegrini	3611 Branch Ave S.E. Hillcrest Hgt:
	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) June 14, 1967 All Fait	h Cemetery Charlotte Hallo Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonardtown, Ma	ryland DATE JUN 1 4 1967 yellowles Judge.

VR AIS (4) 20M 1/65

Sally San It will CHARLOTTE MAKE Leb. - Dr. 1981 Property and the second section of the MACHANO ... HOUSEWIFE JUSEPHINE M. FUNCER JUSTAH B.B. WILSON J. Daylow Burkeduschs, CHARLETTE NAV water me 14.1 to 12 with Court - According the transferred the feeder making but becommended to consider the contract of the contract of

FOR STATE /

O DEPUTY ME: EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY ME

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

)	08541 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH
1.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence admission)
1	Prince Georges MARYLAND	Maryland trace
1	(yirite RURAL and give nearest town)	c. CITY OF TOWN (If outside corporete limits, write RURAL and give nearest town)
1	Chevery POA	White Plains 182
A	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, and street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	3. NAME OF ELLSWOOTH First & Middle	HOUR THOUGH HOME TES ! NO ES
3.	3. NAME OF BILLSWOTCH First Middle Bullet Bull Middle Bullet Bull	Last 4. DATE Month Day Yeer OF DEATH OF Z 4 1967
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years FUNDER 1 YEAR FUNDER 24 MRS.
1	MIDOWED DIVORCED A	ug 12 1922 Jast birthday Months Days Hours Min.
10 du	106. USUAL OCCUPATION (Give kind of work done 10b. KiND OF BUSINESS OR dyring most of working life, even if retired) , INDUSTRY	11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
0	Truck driver Sond & Brown	ustvirgina USA
13	18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	15. WAS DECEASED OF ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19	WORMANT RICE Address to full Horses
JŸ	(Yes, no, or unknown) (If yes give war or dates of service)	1. R Plans
7	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	acclusion 1 10 DEATH
	4201 DUE TO A	
	Conditions, if eny, which (b) (Manager	arthur sclerate years
	gave rise to immediate cause (e), steting the DUE TO	
-	underlying cause last. (c) Way and a property of the control of th	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	PERFORMED?
IFIC/	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nuture of injury in Part I or Part II of Item 18.)
CERTIFICATION	PRIMARY OF CONTRIBUTING PA	
ICAL (20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDI	Hour a.m. While Not While p.m. 19 et work et work	street, office bldg., etc.)
1	21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes X, Accident , Suici	de , Homicide , Undetermined manner
	ACTUAL DOS AOS O WATERIAS	CHIEF MEDICAL EXAMINER [6-24-6
	SIGNATURE OF THE OF THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 53/8 granification
	EXAMIRER'S DAYTONO NATKIN	SAddress (Street, city, town, or county) Holensburg no
23	23a. BURIAL, CREMATION, 230. DATE THEREOF 23c. NAME OF CEMELERY O	
	Bridge 6-7-67	White Suphy Springs West.
24	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAB'S SIGNATURE COLOR
1	the Henry stone, willy	TO DATE SOIL SO 1901

Prince Leaving marked in the Chaverly DOA Totale Plane Traves Horgesthouse after Blevis mobile Horan ELSMORTH BOOK BURNELL SILL ZY WIT Fright driver Shirt Brown Styles The gence - 45th George Burnell made webster with Carman acclusion wit Carponery andrew relieved to you is heart distores Doughow O Wateriet - 278 Home Last DAYTON O NATIONS 18 College Market 18 18 Who tee So they so you tree March March 1

22c PHYSICIAN'S NAMÉ (Type)

21. I certify that (I) (this threspital) attended the deceased fram <u>Juen 9</u>, 1967, ta June 10, 1967, that (I) (text) last saw the deceased alive an <u>June 10</u>, 1967, and that death accurred at 9:45AM, fram causes and an the date stated above. 220. SIGNATURE

M.D. 22d ADDRESS 12107 Linden Lane, Bowie, Md.

MED.
DIRECTOR

STAFF PHYS.

22b. DATE SIGNED

Munico

June 10, 1967

. 196.7., that (1) (xxx) last

23o. BURIAL, CREMATION

John H. Moling 23b. DATE THEREOF 6/17/67

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Prince Geos, General Hosp

(County)

(Stote)

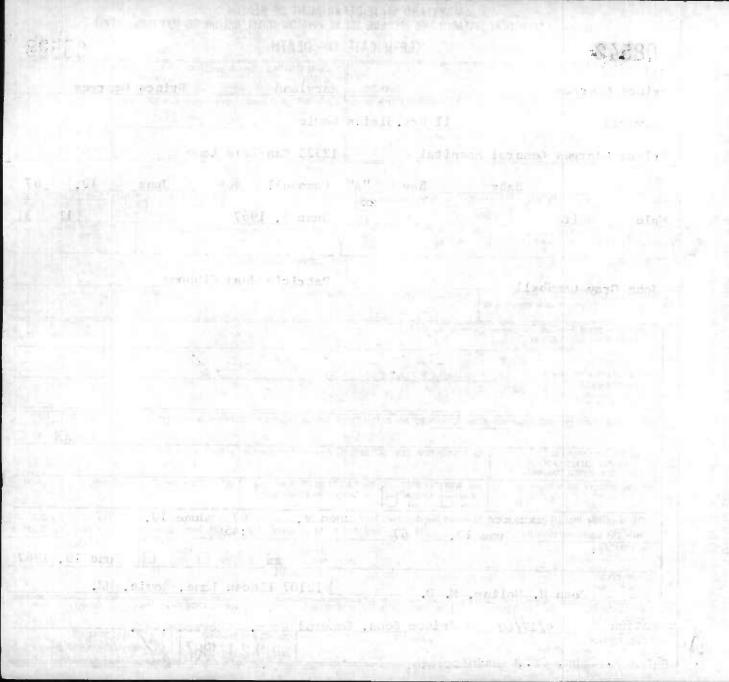
VR A15 (4) 20 M 1/66

director, page 3 should should be filed with the

requires that the deoth certificate be executed within 24 hours after

24. FUNE AN DIRECTOR Marry W. Ponn. Jr. Administrator

Hosp Cheverly Md
250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE



23c. NAME OF CEMETERY OR CREMATORY

Prince Geo. Gen.

23b. DATE THEREO!

6/17/67

Penn, Jr., Administrator

23o. BURIAL, CREMATION REMOVAL (Specify)
CTEMPTION
24. FUNCKAL DIRECTOR 23d. LOCATION (City or Town)

1 250. REC'D BY REGISTRAR'S SIGNATURE

DATELLY 2 1

(County)

VR A15 (4) 20 M 1/66

Series Control of the land Control of the land a wolf the man power of process of the control of the contro Tamera "A" vol tamera xx Tolor Carried Carried the first to the f to the a send medall fulfill the man is and the med

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

NO

NO

(State)

(State)

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY a. STATE b. CITY OR TOWN (If autside carporate limits. c. LENGTH OF STAY IN 1b autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 NAME OF Middle First DATE Manth Year Day DECEASED OF (Type ar print) DEATH 19 6 and in any event, IF UNDER 1 YEAR F UNDER 24 HRS DATE OF BIRTH 9. AGE (In years 7 MARRIED hday) Manths Davs Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? LISA during mast af working life, even if retired. physician ten please **INDUSTRY** 13. FATHER'S NAME or removal, ottending p 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates at service cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for(a), (b), and (c).) signed by the burial-tronsit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES [20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While 19 at wark 21. I certify that (I) (this haspital) attended the deceased from 1/4 67 . to 4 and that death accurred at 4:30AM, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN" NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

within 24 hours after death. by the funero certificate be executed puo death that by OR ATTENDING PHYSICIAN: be retained by the hospital O HOSPITAL

VR A15 (4) 25M 1/67

AND E GENCE COLAMAR MANAGE Que CAN PATRICE KINGERLA BURGAT PETROLET PETROLET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTICICATE OF DEATH

005/14

1		08545 MEDICAL EXAMINER :	CERTIFICATE OF DEATH	TACCO
1	-	PLACE OF DEATH 1. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider o. STATE District Of Columbia	1/
		p. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside carparate limits, write RURAL and giv	e neorest town)
		Cheverly 1 day	Washington 47	
١	(I. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		Prince George General Hospital	4801 Bass Drive	YES NO X
		VAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Year
ŀ	S. S	Type or print) Thomas	Carroll DEATH 6	3 19 67 1 YEAR IF UNDER 24 HRS
l		THE PARTY OF THE P	lost birthdoy) Months	Doys Hours Min.
	100	INTELLE I NEELO I I I I I I I I I I I I I I I I I I I	11. BIRTHPLACE (Stote or foreign country) 12. Cl	TIZEN OF WHAT
ĺ	duri	ng most of working life, even if retired) LABOR ER NONE	MARYLAND U	DUNTRY?
ŀ	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3.7.
1		JOHN A. CARROLL	MATTIE E. COATES	
Ì		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	. INFORMANT Address	
1	(Ye	s, no, or unknown) (If yes give wor or dotes of service)	MRS RUTH TERRY (SISTER 2	
F		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
Į		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Laceration of br	ain	ONSET AND DEATH
		824.0 DUE TO Fracture of skul	.1	
ı		Conditions, if ony, which gave inse to immediate cause (a), (b)		
		stoting the underlying couse lost.		1000
		lost. (c)	THE TERMINAL DISEASE CONDITION CIVEN IN DART I/o)	19. WAS AUTOPSY
1	TION	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
1	CERTIFICATION	2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)	I II II NO G
1	CERT	PRIMARY Or CONTRIBUTING		
	MEDICAL	2Dr TIME OF INIURY Month Doy Year 2Dd INIURY OCCURRED 2De P	TACE OF INJURY (Home form 20f (City or town) (Co	ounty) (Stote)
-	MED	1:00pm p.m. 6-2- 1967 While of work of otwork of otwork of the otwork of	octory, street, office bldg., etc.) 28 Duberry Ave., Seabrook, Prince	ce Geo Co
ı		21. I certify that I taok charge of the remains described above, I	held an Autapsy , Inspection , Inquiry ,	and in my apinio
		death resulted fram: Natural Lauses . Accident . Su		7
1		11/12	CHIEF MEDICAL EXAMINER	T. Parago
		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
1		EXAMINER'S Tohn Vohoo W.D. Director	DEPUTY MEDICAL EXAMINER	(1/17
1	22-	NAME (Type) John Kehoe, M.D. Riverdale, Md. BURIAL (REMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY O		6-4-67
	230	DC. C.		(County) (Stote)
-	24	BURTAL 6/9/67 CARROLL MET	H. CEM. CALVER	SIGNATURE
1		PORFER LE ENDUPEN POCKULLE MD	JUN 1 4 1967 Scharle	SIGNATURE

Lace para Lace of the Control of the Phones A STATE OF THE STA JOHN A. CARROLE

Marie to Marie

The part of the control of the contr

A SAN SULVEDON PORTON TO THE TO

.A. ...

LALVERT ME

1881 1 1 1881 A Company of the Park

ar Bulled to Journal C

BATTIE & DATE

WELLIA NESSE HER BAN

MAN WEAR

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave tarban papers. Pages Lands should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours directed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

542
ore odmission)
GEORGE
est town)
e. IS RESIDENCE
ON A FARM?
YES NO
67
IF UNDER 24 HR
Hours Min
USA
NSET AND DEATH
). WAS AUTOPSY
PERFORMED?
(Stote)
that (I) (we) I
NED
2 1965
ty) (Stote)
Md.
URE
udge
0
I

	The state of the s	užint su made					
						64680	
						2m - 4c - 7	
							- 2
1	teurl.						
Autor 1				resil			
					Thysis .	HOLENING.	
3	and but						
		N - I W					
. 134 144	an mining		afood!		100 000	5.7 10.6	
			isk _o	erode	Carlos (8155	

08547

ERTIFICATE OF DEATH

08543

000:	Z •		CERTIFIC			
PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed lived, if institution	
a. COUNTY	Coomeon		ALADVI AL	O. STATE	b. COUN	
	Georges (If outside corporote lin	nite	MARYLAN c. LENGTH OF STAY IN 1	TAGE Y AL COME OF	Prin	ce Georges
	d give nearest town)	mis,			outside corporote limits, write RUR	AL ond give neorest town;
Chever			4 hrs.44 m			16.1
d. NAME DF HDSPI	TAL OR INSTITUTION (IF	not in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM?
Prince	Georges Ge	eneral He	ospital	1006 War	d St.	YES NO
NAME OF		First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)		Baby	Girl	Chenault	OF DEATH Jun	e 12. 1967
. SEX	6. COLDR OR RACE	7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 F
Formal o	Libita	WIDOWED	DIVORCED [June 12,	1967 lost birthday)	Months Doys Hours M
Female	White N (Give kind of work do		ND OF BUSINESS OR		ty & Stote, or foreign country)	12. CITIZEN OF WHAT
uring most of working	life, even if retired)		DUSTRY		County Md	UCOUNTRY?
						O D W.
3. FATHER'S NAME	Jaman	K Chena	1114	14. MOTHER'S MAIDE		
	vaines	n chena	urt	Pie	rgaret A Furda	
	ER IN U.S. ARMED FORCE		OCIAL SECURITY NO.	17. INFORMANT	Addres	
Yes, no, or unknown)	(If yes give wor or dote	es of service)		James K. Cher	nault Laurel	L, Md.
Tio caller or n	FATU /F-A-F and and	and the first	(-) ((-) (-) (-) (-)			
	EATH (Enter only one of					INTERVAL BETWEET
	EATH (Enter only one of TH WAS CAUSED BY: IMMEDIATE CAU			Failoir		INTERVAL BETWEEI ONSET AND DEATH
	TH WAS CAUSED BY: IMMEDIATE CAU			Failoir		
PART I. DEA	.TH WAS CAUSED BY: IMMEDIATE CAU: DI , which gave			Failoir		
PART I. DEA 773 : Conditions, if on rise to immedio	TH WAS CAUSED BY: IMMEDIATE CAU: DI N, which gave te cause (o),			Failoir		
773 Conditions, if on rise to immedio stoting the under	TH WAS CAUSED BY: IMMEDIATE CAU: DI N, which gave te cause (o),	SE (0) Res UE TO PL		Failoir		
Conditions, if on rise to immedio stoting the undulest.	TH WAS CAUSED BY: IMMEDIATE CAU: DI N, which gave the cause (o), prlying couse	SE (0) Res UE TO (b) PL UE TO (c)	emetery			ONSET AND DEATH
PART I. DEA 773 : Conditions, if on rise to immedio stoting the und- lost.	TH WAS CAUSED BY: IMMEDIATE CAU: DI N, which gave the cause (o), prlying couse	SE (0) Res UE TO (b) PL UE TO (c)	emetery		ONDITION GIVEN IN PART I(o)	ONSET AND DEATH
PART I. DEA 773 : Conditions, if on rise to immedio stoting the und- lost.	TH WAS CAUSED BY: IMMEDIATE CAU: DI N, which gave the cause (o), prlying couse	SE (0) Res UE TO (b) PL UE TO (c)	emetery		ONDITION GIVEN IN PART I(o)	ONSET AND DEATH
PART I. DEA 773 : Conditions, if on rise to immedio stoting the und- lost.	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE	SE (0) RESULT TO (b) PLE TO (c) CONTRIBUTING TO	ematers	D TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART I(o) n Port I or Port II of item 18.)	ONSET AND DEATH
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMMEDIAT	SE (0) RESULT TO (b) PLE TO (c) CONTRIBUTING TO	ematers	D TO THE TERMINAL DISEASE (ONSET AND DEATH
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMMEDIATE IMMEDIATE IMMEDIATE IMMEDIATE IMMEDIATE IMMEDICAL EXAMINER IMMEDICAL EXAMINER	SE (o) (b) UE TO (c) CONTRIBUTING TO 20b. DES	DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE (n Port I or Port II of item 18.)	ONSET AND DEATH
PART I. DEA 773 Conditions, if on rise to immedio stoting the undilost. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING.	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMM	SE (o) (b) UE TO (c) CONTRIBUTING TO 20b. DES	DEATH BUT NOT RELATE SCRIBE HOW INJURY OCCU JURY OCCURRED 20	D TO THE TERMINAL DISEASE (n Port I or Port II of item 18.)	ONSET AND DEATH
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF IN) Hour o. p.	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE I	SE (o) (b) UE TO (c) CONTRIBUTING TO 20b. DES 20d. IN While of work	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED Not While of work	D TO THE TERMINAL DISEASE OF INJURY (Home, for foctory, street, office bldg., e	on Port I or Port II of item 18.) orm, 20f. (City or town)	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF IN) Hour to p. 21. I cert	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMME	SE (o) (b) UE TO (c) CONTRIBUTING To 20b. DES 20d. IN While of work aspital) attend	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED 20 Not While of work	D TO THE TERMINAL DISEASE (IRRED. (Enter noture of injury in De. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.)	orm, 20f. (City or town) 1967, to June 15	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. p.	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMME	SE (o) (b) UE TO (c) CONTRIBUTING To 20b. DES 20d. IN While of work aspital) attend	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED 20 Not While of work	D TO THE TERMINAL DISEASE (IRRED. (Enter noture of injury in De. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.)	orm, 20f. (City or town) 1967, to June 15	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. p.	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMME	SE (o) (b) UE TO (c) CONTRIBUTING To 20b. DES 20d. IN While of work aspital) attend	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED 20 Not While of work	IRRED. (Enter noture of injury in the processing of the processing	n Port I or Port II of item 18.) orm, 20f. (City or town) tc.) 1967, ta June 1; at 5:45 pM, fram causes of	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote
Conditions, if on rise to immedio stoting the undulost. PART II. OTHER S 200. ACCIDENT WAR OF INL. Hour to P. P. Contribution of the contributio	ITH WAS CAUSED BY: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAU: IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMME	SE (o) (b) UE TO (c) CONTRIBUTING To 20b. DES 20d. IN While of work aspital) attend	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED 20 Not While of work	D TO THE TERMINAL DISEASE OF INJURY (Home, for foctory, street, office bldg., ed) MRED. (Enter noture of injury in the street) MRED. (Enter noture of injury i	rm, 20f. (City or town) 1967, ta June 1. 15:45pM, fram causes of	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2., 1967, that 14) (we) and an the date stated ab 22b. DATE SIGNED
PART I. DEA 773 Conditions, if on rise to immedio stoting the undulost. PART II. OTHER S 200. ACCIDENT WA CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INIHOUT 0. P. 21. I cert saw the d 220. SIGNATURE	ITH WAS CAUSED BY: IMMEDIATE CAU IMMEDIATE IMMEDIA	SE (o) (b) UE TO (c) CONTRIBUTING To 20b. DES 20d. IN While of work aspital) attend	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED 20 Not While of work	D TO THE TERMINAL DISEASE OF INJURY (Home, for foctory, street, office bldg., etc.) June 12, dthat death accurred (M.D. PHYS.	n Port I or Port II of item 18.) orm, 20f. (City or town) tc.) 1967, ta June 1; at5:45pM, fram causes of	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2., 196.7., that 14) (we) and an the date stated ab 22b. DATE SIGNED
Conditions, if on rise to immedio stoting the undulost. PART II. OTHER S 200. ACCIDENT WAR OF INL. Hour to P. P. Contribution of the contributio	IMMEDIATE CAUSED BY: IMMEDICAL EXAMINER) URY Month, Doy, Yeor m. Immedical Examiner Immedical	SE (o) (b) UE TO (c) CONTRIBUTING TO While aspital) attend June 12	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED Not White of work ed the deceased fro 19.67, and	IRRED. (Enter noture of injury in the property of injury inj	rm, 20f. (City or town) 1967, ta June 13 15:45pM, fram causes of DIRECTOR PHYS.	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2,, 1967, that 14) (we) and an the date stated ab 22b. DATE SIGNED June 13,1967
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 201. I cert saw the december of the contraction of the	IMMEDIATE CAUSED BY: IMMEDIATE	SE (o) (b) UE TO (c) 20b. DES 20d. IN While aspital) attend June 1:	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED Of Work of the deceased from 19.6.7, and M. D. J.	IRRED. (Enter noture of injury in the process of th	rm, 20f. (City or town) 1967, ta June 1: 15:45pM, fram causes of DIRECTOR STAFF PHYS.	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2,, 1967, that **) (we) and an the date stated ab 22b. DATE SIGNED June 13,1967 Hospital
PART I. DEA 773 Conditions, if on rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN, Hour to P. P. 21. I cert Saw the divided to SIGNATURE 22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATI	IMMEDIATE CAUSED BY: IMMEDIATE	SE (o) (b) UE TO (c) 20b. DES 20d. IN While aspital) attend June 1. Jensen THEREOF	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED Of work of the deceased from the deceas	IRRED. (Enter noture of injury in the process of the place of injury in the place of injury	rm, 20f. (City or town) 1967, ta June 1: 15:45pM, fram causes of DIRECTOR STAFF PHYS. Ceorges General 23d. LOCATION (City or Town)	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2., 1967, that **) (we) and an the date stated ab 22b. DATE SIGNED June 13,1967 Hospital (County) (State)
PART I. DEA 773 Conditions, if one rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INI. Hour o. p. 21. I cert saw the decrease of the decrease o	IMMEDIATE CAUSED BY: IMMEDIATE	SE (o) (b) UE TO (c) 20b. DES 20d. IN While aspital) attend June 1:	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED Of work of the deceased from the deceas	IRRED. (Enter noture of injury in the process of the place of injury in the place of injury	rm, 20f. (City or town) 1967, ta June 1: 15:45pM, fram causes of DIRECTOR STAFF PHYS.	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2., 1967, that **) (we) and an the date stated ab 22b. DATE SIGNED June 13,1967 Hospital (County) (State)
PART I. DEA 773 Conditions, if on rise to immedio stoting the undulest. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN, Hour to P. P. 21. I cert Saw the divided to SIGNATURE 22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATI	IMMEDIATE CAUSED BY: IMMEDIATE BY: IMMEDIATE BY: IMMEDIATE CAUSED BY: IM	SE (o) (b) UE TO (c) 20b. DES 20d. IN While aspital) attend June 1. Jensen THEREOF	O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU JURY OCCURRED Of work of the deceased from the deceas	IRRED. (Enter noture of injury in the processing of the process of	n Port I or Port II of item 18.) rm, 20f. (City or town) 1967, ta June 1; 15:45pM, fram causes of DIRECTOR STAFF PHYS. Georges General 23d. LOCATION (City or Tow Washington)	ONSET AND DEATH 19. WAS AUTDPSY PERFORMED? YES NO (County) (Stote 2., 1967, that **) (we) and an the date stated ab 22b. DATE SIGNED June 13,1967 Hospital (County) (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of

VR A15 (4) 25M 1/67

Maryland Prince Coorses Espace large left

Larmed Santa 60. man 4

Prince Georges Comeral monoicel ______ lb.in lard to.

ore to dispuseD [7.5] years Snuf

300 Tune 12, 1907 531

differential and a second

The 12 and 12 of Line 12 of Line 12 of

. A .P., seedel .L mivit

the transfer of the second profile and the second of the s

on Color of Contraction of the Color of Color of the Colo

				TICAL RESE	EARCH AND RECORDS	, 301 W. PRESTOR	N STREET, BA	LTIMORE 1, M	ARYLAND
FOR S			08548	MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEA	TH	08544
HEALTH	DEPT.	1.	PLACE OF DEATH a. COUNTY					F COUNTY	Residence before admission)
ra,	(= M		Prince Geor		MARYLAND	Mar	ryland	Pr	ince George's
ssar inera ay b			 CITY OR TOWN (If outside corp write RURAL and give nearest 	orate limits, town)	c. LENGTH OF STAY IN 1b				L end give nearest town)
ne fu	Depart after		d. NAME OF HOSPITAL OR INSTITU	ITION (If not in i	24 hours	d. STREET ADDRESS	ont Height	CS .	6 / e. IS RESIDENCE
to the	s aff		Prince George's		AND THE PARTY OF T	6111 62nd	1 Place		ON A FARM?
delay is necessary, and 3 to the funeral 3. Page 5 may be	State hours	3.	NAME OF	First	Middle	Last	4. DATE	Month	Day Year
any del. 2, and PM3.	the 72		DECEASED	eonard	madiy	Chestnut	OF DEATH	June	17 1967
# THE	within within	5.	SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED 2	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	R 1 YEAR UF UNDER 24 HRS.
ages for	2/2	1	Male Negro	WIDOWED	DITOROLD .	9-30-23	43	yrs.	
after death. If a Give Pages 1, ong with form I	1 and y event	10a dur	USUAL OCCUPATION (Give kind of w ng most of working life, even if re Laborer	ork done 10b. I	KIND OF BUSINESS OR INDUSTRY LECTUCTION	North Ca		untry) 12. G	OUNTRY?
18. alou	pages 1 in any	13.	FATHER'S NAME Len Chestn	ut		14. MOTHER'S MAIL Effie	DEN NAME		
24 hou in Item Office	File	15	WAS DECEASED EVER IN U.S. ARME s, no, or unkown) (If yes give war or da	FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	ALC HELD	Address	
	nit. oval,	()	(11 yes give mai or da		79-12-9504 Ef	fie Chesti	nut-5008	Holly S	pring Rd
wit pen mine	permit, removal		18. CAUSE OF DEATH [Enter only						INTERVAL BETWEEN ONSET AND DEATH
uted " in Exa	nsit or		PART I. DEATH WAS CAUSED IMMEDIATE CAU	ISE (a)	rebral contusio			occipital	
exec ding ical	cremation, or		Conditions, If any, which	TTA	lobes with suba ad trauma (type				-24500
ben Med	rema		gave rise to immediate	(b) nea	ad Crauma (Cype	undetermin	eu)		
ould rd nief			cause (a), stating the underlying cause last.	(c)					
is certificate should be executed withir writing the word "pending" in pencil arded to the Chief Medical Examiner's	used as to burial	CERTIFICATION	PART II. OTHER SIGNIFICANT COND		OUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
iting led to	3 should be a agent, prior t	ERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH		DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f Injury in Part I o	or Part II of Item 18	3.)
	houl nt,		CAUSE OF DEATH. Primary 20c. TIME OF INJURY Month, D		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City	or town) (Co	ounty) (State)
the certificate, writing should be forwarded		MEDICAL	Hour a.m. Unknown		NOT WILLIE COL II II II	ry, street, office bldg., e anown	wa.	shington	D.C.
AMII and b	Pa		21. I certify that I took cha	arge of the rer	mains described above, he	ld an Autopsy 🗶 ,	Inspection X	, Inquiry X,	and In my opinion
L EXAM he cert should	FOR: esign		death resulted from Natu	iral causes	, Accident X, Su	icide 🔲, Homici		etermined manner	
C3 V -	DIRECTO r its des		ACTUAL /	1	18	CHIEF MEDICA	L EXAMINER		22. DATE SIGNED
Page	5_0		SIGNATURE OUR	eus	rocust		CAL EXAMINER		6/19/67
DEPUTY lease ex rector.			EXAMINER NAME (Type) Corneli	ua I n		Address (Stree	t, city, town, or c	01	rly, Md.
DEPUT please e	FUNER F Health	238	BURIAL, CREMATION, 23b. DA	TE THEREOF	250 MM DOF CEMETER		23d. LOCATIO	ON (City, town or co	ounty) (State)
2 20 5	50	-		23-67	Harmony Mem	LOF- DE	Landov	er, Md.	20 CICNATURE
VD /	A15ME	24	FUNERAL DIRECTOR	h3:	39 ADDRESS Hunt	新山東 1			e Judge
	4-64	-	nolliero de	uaray	wen 1.	DATE	N 2 3 196	1 Juneary	

Items 20%21 Film

Tring cone of a cone of a

Tones Conceptible of the Concept

Jerony moduktons, ri na paradni w oce put Lopu na a markaona de artikaje L. na erana (Eppe na esemane)

Palanto de la companya de la company

Equation 6/19/67

100 0 100

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08 549	CERTIFICAT	E OF DEATH		08	545
	COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (W		. COUNTY	e before odmission) nee Aev
b	o. CITY OR TOWN (If outside corporate limits, c. Life write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If out:	side corporote limits, wr	te RURAL ond give	neorest town)
þ	I. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give str Pine liew GArde	reet oddress) MS	d. STREET ADDRESS 3	27 Than	20735	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF First DECEASED Type or print) NORMAN	Middle C	LARKE	4. DATE OF DEATH	Manth 6	28 1967
S. S	Male White Widowed	NEVER MARRIED	B. DATE OF BIRTH 8-1-85	9. AGE (In ye lost birthd		YEAR IF UNDER 24 F Days Hours M
	USUAL OCCUPATION (Give kind of work done ng mast af warking lite, even if retired) An penter Can	BUSINESS OR stuction	BrAndy w	nue. P.B.		ZEN OF WHAT UNTRY?
	John ClArke		14. MOTHER'S MAIDEN N.	A /		
	s no or unknown) (If yes give wor or dates of service)	. SECURITY NO. 17.	Wife		Address	
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o), ogd (c).) ebral Va	sculy a	ccedent		INTERVAL BETWEEN
	Canditions, if ony, which gave rise to immediate cause (a),	rios cle	e hemon	haze	seve	of hour
	stoting the underlying couse DUE TO (c)	Mestad	cular de	deise	>	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter noture af injury in P	art I ar Port II of item	(B.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY While of work		ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City ar to	wn) (Cour	nty) (State
	21. I certify that (1) (this hospital) attended to saw the deceased alive on		at death occurred at_		Uses and on the	that (I) (we) e date stated ob
	220. SIGNATURE Clife Ray	pen "	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.		TE SIGNED
	22c. PHYSICIAN'S NAME (Type) PLERED R	LAPNI,	MD 22d. ADDRESS	lenton	, md	
1	Removal (Specify) June 30 1967	en hame of CEMETERY OF	n Chapel	23d. LOCATION (City	ie /	(County) (State)
24.	FUNERAL DIRECTOR	LOG ADDRESS AND	25o. REC'D	1007	Sb. REGISTRAR'S SIC	

within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after about VR A15 (4) 25M 1/67

MARSTIN BIA PHONE

funeral ely filled in by the function popers. Pages 1 of within 72 haurs after d

notely f

compl

puo

n ony even

ond in ony

burial, cremation, or removal,

os the prior to l

signed by the burial-transit

24 hours after deoth

be executed

certificate

requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08550 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PRINCE GEORGES COUNTY b COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CHEVY CHASE HYATTSVILLE Yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CARROLL MANOR 8316 CAREY LANE YES NO X NAME OF Middle 4. DATE Year DECEASED MARY MARGARET COOK 1967 (Type or print) DEATH IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) 9/1/1876 FEMALE WHITE WIDOWED X DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY WASHINGTON, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES FARQUHAR MARY ANN HAWKINS IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 577-A095349ASISTER M. RAYMOND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: VASCULAR HEMORRANO IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office blda.. etc.) Hour o.m. 21. I certify that (1) (this haspital) attended the deceased fram. 1967, and that death accurred at saw the deceased alive an ____ fram causes and on the date stated above. 22o. SIGNATURE PHYS. DIRECTOR

TO FUNERAL DIRECTOR: After

director, pa should be f VR A15 (4) 25M 1/67

O HOSPITAL

23b. DATE THEREOF

22c. PHYSICIAN'S

23o. BURIAL CREMATION.

REMOVAL (Specify)
BURTAL

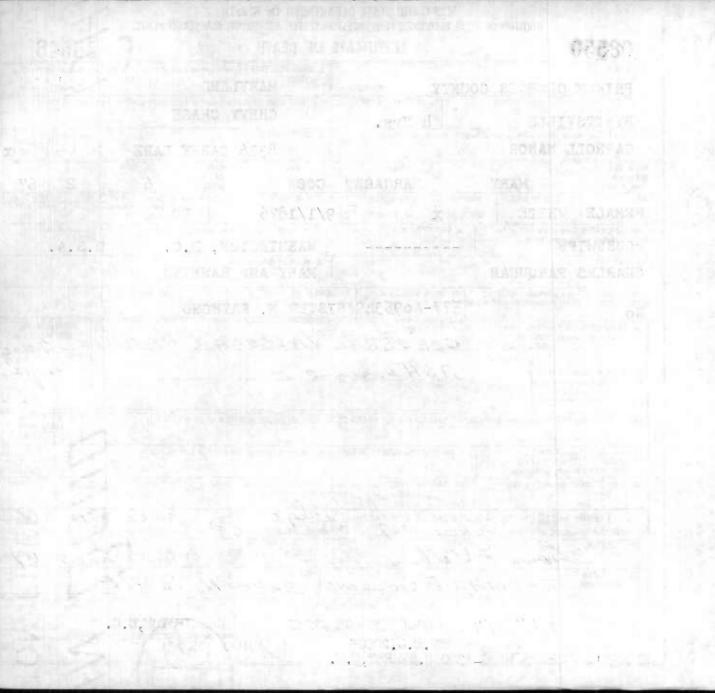
NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY HOLY ROOD CENETERY 23d. LOCATION (City or Town)

(County)

WASHINGTON.D.C.

22d. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08551

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08548

			0	2
F!	OR	TH	may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages (and with the State Department of Department)	E PY
y is	3 ta	age	10	1
dela	pup	M3. P	tmen	
Ony	1, 2,	M P)epar	
Th.	ges	farr	ate [1
dea	ve Pa	₩.	the St	
after	Giv	long	Vith t	1
aurs	m 18	fice o	F	teath
24 h	in Ite	r's Of	O Si	fter
thin	encil	mine	bod	Urs o
d wi	in pe	Exa	E e	72 ho
ecute	ling"	edica	ermit	thin
e ex	pend	ef M	d fish	mt w
nld b	ard	e Chi	Il-tra	eve /
sha	he w	ta th	buric	n an
ficate	ing t	pap.	OS O	and i
certi	Writ	ILWOI	nsed	val,
This	icate,	be fo	l be	remo
ER:	certif	plno	es. shauld	n, ar
MIN	the	4 sh	ur fill	natia
EX/	acute	Page	A: Pag	, crer
MCAL	e ex	ctar.	ed fe	buria
MEL	pleas	dire	DIR	or to
PUTY	sary,	neral	FRAL	prio
DE!	eces	he fu	E S	lealth

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Prince George's b. COUNTY Pro George's Maryland MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Cheverly, Md. Hyattsville, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Langley Way Prince George's General Hospital 1400 YES NO X 3. NAME OF Lost 4. DATE Manth DECEASED William E Coulthard OF June 27. 67 (Type or print) DEATH S SFX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Sobirthday) Days Haurs male white Dec 2, 1880 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Carpenter Building COUNTRY? England 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Coulthard Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) 045 09 2045 Dorothy Volk Hyattsville. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNTBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. EXTERNAL CAUSE WAS 2016 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY | or CONTRIBUTING [CAUSE OF DEATH 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. Nat While factory, street, office blda, etc.) at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion deoth resulted from: Noturol causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER NAME (Type) Address (Street, city, tawn, ar caunty) 23g. BURIAL CREMATION 23d. LOCATION (City or Town) June 30, 1967 Newington Center Cemetery Newington Hartford Conn.

VR A15ME (5)

		zadanajini e	A
Q 350 A 50			8
n'agree erre 195			a system powers and
	N. Sicresing		- 314574.S
	gant of family 1961	- Initem form	on a radio estr.
, (lowicluso o mui	11:
	96 TH 953, PB4 F	1	sino sta
			Tolinolated
		o ment plant	
. Lun - artiford Comi.	mino) i amenda de la control de la control de la control d	Marino de la	

approved 24 hours after P S Deputy Medical Examiner notified death. Page 4 We a retained by the hospital or attending physician.

O FUNERAL D CTOR: After this certificate has been signed by the attending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours is The law requires that the death certificate be executed w Dr. John Kehoe, ATTENDING PHYSICIAN: Dr. TO HOSPITAL death. Page 4 VR A15 (4)

15M 7/61

Medical examiner Dr John Kehoe Notified and approved

ALABYI AND CTATE DEDABTMENT OF USALTU

	MAKILAND STATE DEP	AKI	WELL OL	REAL	III.	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS,	301 W	V. PRESTON	STREET	BALTIMORE 1,	MARYLAND
08552	CERTIFICATE	OF	DEATH			08549

							0.	JUKU	٥.
1. PLACE OF DEATH a. COUNTY Prince Ge		MAR	YLAND	2. USUAL RESIDEN o. STATE Mary	CE (Where dac	b. COUN	TV	Geo.	dmisslon)
b. CITY OR TOWN (if write RURAL end Cheverly	outside corporate limits, give nearest town)	c. LENGTH OF ST		c. CITY OR TOWN (eta limits, write	RURAL and giv	e neerest tow	n)
d. NAME OF HOSPIT	AL OR INSTITUTION (if n	ot in hospital, give street edo	dress)	d. STREET ADDRESS			7 9		SIDENCE
Adscerda N	ursing Home			7608 Fenta:	inebleau	Drive			NO K
3. NAME OF DECEASED (Type or print)	ROSE	Middle C.	C	COUTURE	4. DATE OF DEATH	June	13		67
5. SEX Female	7 Ma . 2 da a	MARRIED NEVER MARR		LA Feb. 1884	9.	AGE (In years last birthdey) yrs.	Months Deys		24 HRS. Min.
Hos. USUAL OCCUPATION done during most of wor	ON (Give kind of work	106. KIND OF BUSINESS C	R INDUSTR	11. BIRTHPLACE (Cour	nty & State, or Id	oreign country)	12. CITIZEN	OF WHAT C	OUNTRY
Seamstress		silk Mill		Canada			U. S	5. A.	
13. FATHER'S NAME	350 5 7		1	14. MOTHER'S MAIDEN					
Alberica Q	uintal			Exilia	C Bourg	gault			
15. WAS DECEASED EVE (Yes, no, or unkown) (If	R IN U.S. ARMED FORCE yes give wer or dates of serv	16. SOCIAL SECURITY (100) 001 10 8373		on E. Coutur	e (Sen)	Address Same	as # 2		
PART I. DEATH	EATH JETTO ONLY ONE CA I WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	use per line for (e), (b), end	(c).)	trom b	alle	1		NTERVAL BET ONSET AND I	
Conditions, if eny, gave rise to immedia (e), steting the un cause last.	ple cause DUE TO (c)	Cr Lenus	TH BUT NO			ONDITION CIV	EN IN PART 1(a)	700 WAS A	UTOPSY
PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING IN EITHER, NOTIFY	SIGNIFICATOR CONDITION	THE CONTRIBUTION OF PERSONS		T RECATED TO THE TEXAS	THE DISERSE C		211 11111111111111111111111111111111111	PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING [2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURED	, (Enter neture of injury in	Pert I or Pert II o	of item 1B.)			
20c. TIME OF INJUST Hour a.m. p.m.	RY Month, Dey, Yeer	20d. INJURY OCCURRED While of work et work		CE OF INJURY (Homa, farrory, street, office bldg., etc		or town)	(County)		(State)
the second second	nat (I) (this hospital	attended the deceas		peath occured at	19.6.7 to	the causes	. /		dabove
22e. SIGNATURE	leng (7	Hallif	M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	4/13	3/6)	SIGNEE
22c. PHYSICIAN'S NAME (Type)	Hottel	Robert	R.	1225 7	non.	70-4 6	277	3/4	20
23a. BURIAL, CREMATIC REMOYAL (Specify) Burial	June			Cemetery	Berl		New	Hamps	hire
24 FUNERAL DIRECTOR	s signature Sons	Hyattsville,	Md.	JUN P	1 5 196		GISTRAR'S SIGN		

		SE CHE FRATSINI	Ballemancko &	
U, 94.5E	CATALON STARTS			333
Pr. 080.	Bealting William		25 K. S.	Toor
	n d'Estre en	Les Ere.		diasion
	7606 Forgation bless Fries		a.pl Hist.R	1200104
72 01	nicol.	.0		
	11 Feb. 1681 83	x	- odkali	st: st
.A .8 .U	Sa) with			rd J hauma (S
	lingum as D milital		John .	Mberio
3	Lern B. Coutine (Sen) Sere se	001 10 esys		
	Three of a sea of the	WAS TO		
	Colored Programme 13			
			71, 1	
		1000	() () () () () () () ()	2
Times Calmin				
and Charles	SEASON SOON OF THE SEASON OF T	Collive Stage	lance of the said	

FOR STATE HEALTH DEPT necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farworded to the Chief Medical Examiner's Office along with farm PM3. Page

y deloy is

TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08553		MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	08559	
1.	o. COUNTY	on a ser	MARYLAND	o. STATE Mar	re deceosed lived, if institution: Re	netro	
	CITY CAL OR	If outside corporate limits, give nearest town)	C. LENGTH OF STAY IN 16	Lyallsu	Corporate limits, write RURAL onc	give neorest town)	
	I MAME OF HOSPIT.	AL OR INSTITUTION (If not in)	nopital, give street address)	d. STREET ADDRESS ME	ocBell S	e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	VILLIAM +	BRUCE (RAB	TIEE	OF DEATH Sure	30 Pear 7	
	SEX	WW	IDOWED DIVORCED	B. DATE OF BIRTH My 6 191	D Sast bridge) Mont		
2	TO Most of Korking	(Give kind of work done) life even if retried	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or	Crylina !!	2. CITIZEN OF WHAT	
	EATHER'S NAME	escholte RINUS ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	19 TOTAL MAILER HAM 5 TJ 23 Mar	Bet 89 He	jattoule	
	es, no, or unknown)	(If yes give wor or dotes of serv	237-22-4115	Dough	in la	u	
		EATH (Enter only one couse pe IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute Pulmonary	Edema		ONSET AND DEATH	
	Conditions, if ony, rise to immediat stating the under lost.	which gove (b) _	Coronary Arterios	sclerotic Hear	t Disease		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)					19. WAS AUTOPSY PERFORMED?	
CERTIFICATION	20o. EXTERNAL CA PRIMARY Or CON CAUSE OF DEATH.	USE WAS	zema, bilateral, 20b. DESCRIBE HOW INJURY OCCURRED.		I or Port II of item 18.)	YES NO [
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 20d. INJURY OCCURRED While Not While of work of					(County) (Stote)	
			the remains described abave, he	eld an Autopsy 🔀 , 🔝	nspectian 💢 Inquiry 🕻	and in my opinion	
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined monner						
	ACTUAL SIGNATURE DA TOWALLE M.D. ASSISTANT MEDICAL EXAMINER 53/8 0 22. DATE SIGN						
	EXAMINER'S NAME (Type)	MOTYAN.	O. WATIEIN	DEPUTY MEDICAL EX		instury 2	
	BURIAL, CREMATION REMOVAL (Specify)	ion July 1,	1967 F. LING	CREMATORY 20 N	23d. LOCATION (City or Town)	(County) (State)	
24	F. Ga	sch's Son	S HVallsulle	Ore Aveso, RECD BY Date	REGISTRAR 2Sb. REGISTRAI	R'S SIGNATURE	

VR A15ME (5)

5 may be retained for your files.

to FuneRal Director: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of Health or its designoted agent, prior to buriol, cremation, or removal, and in ony event within 72 hours after death and the street was a series of the series of

ACURE PLUSTED TO STORY OF THE STORY

SamualO Tran Stans John John (1937/ - manyo) . . .

Pulsbrory Emprysons, bilaceral, scheme

= 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	08554 MEDICAL EXAMINER'S CERTIFICATE OF DEATH POB. 5-7-1910
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY
beessary, e 5 may be Department after death.	MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
D 0 00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress). d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
any delay, 2, and 3 to PM3. Page h the State I	3. NAME DF DECEASED A First A Middle A DATE Month Day Year
正山田 兵道 16	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IFUNDER 24 HRS. 16st birthday) Months Days Hours Mile.
rs after death. If 18. Give Pages 1 along with form ages 1 and 2 with n any event within	WIDOWED DIVORCED WYTS. 10e. USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR during most of working life, even, if retired) INDUSTRY 11. Butthplage (state or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ours after n 18. Giv e along pages 1 in any e	13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME
4 hour ltem office parallel pa	HOLDE Walsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2 LANGUESE) Reflechances
within 29 pencil in miner's 0 permit. F	(Yes, no, or unknown) (If yes pive war or dates of service) 15-10-3472 Howard Devise Philadelphingsa
ited wi in per Examin sit per or ren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)
d be executed "pending" in f Medical Exar burial-transit cremation, or	Conditions, if any, which DUE TO Caronar Heart disare Several years
should be executed within 24 houword "pending" in pencil in Item Chief Medical Examiner's Office as a burial-transit permit. File prial, cremation, or removal, and i	geve rise to immediate cause (a), stating the underlying cause lest.
the the the used to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
R. This certificate sate, writing the working the working to the Corwarded to the Corwarded to the Corwarded to the Corwarded to buries agent, prior to buries	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
ER: This cer cate, writin e forwarded 3 should b	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour e.m.
AMINE certific uld be s. Page nated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
En your your your its	ACTUAL SIGNATURE A STATE SIGNED AND ASSISTANT MEDICAL EXAMINER 534 8 annual fulls of the signed and the sinterval and the signed and the signed and the signed and the sign
TO DEPUTY M please exec director. Pa retained for TO FUNERAL i of Health or	EXAMINER'S NAME (Type) Address (Street, city, town, or county) 6-20-67 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
ples dire reta 10 FU	Bureal 6-23-67 Mariners Bethellen, Octan View, Der.
VR AI5ME (5) 5M 1/65	24. FUNERAX DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OATE UN 27 1967 Minutes Judge

	CATALITY OF THE PARTY OF THE PA			
THE REAL PROPERTY AND PERSONS ASSESSED.				
			≥ ^! .	
			- Tage 1	
	CAR THERE			
	V 200			
		Walley Street Land		
			THE REAL PROPERTY OF	
office and advantage to the second				
The second line of the second at				
Nichte Fell (2000) Library				
A CHARLES				
BENEFIT TRUETE IN THE				
		English State of the State of t		
	1 - Section 1			
	Land State Land			

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

085	55		CERTIFICA	TE OF DEATH		085	52
PLACE OF DEAT O. COUNTY	Prince (George's	MARYLAND	2. USUAL RESIDENCE o. STATE Ma.	(Where deceased lived, if instit ryland b. CO	ution: Residence bef	ore odmission) eorge's
River	N (If outside corporate lime and give neorest town) dale, Md.		c. LENGTH OF STAY IN 16		nsburg, Md.	URAL and give near	est town)
d. NAME OF HOS Leland	PITAL OR INSTITUTION (IF	not in hospital, give	e street oddress)	d. STREET ADDRESS 5002 Ti	lden Road		e IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Ral	First p h E	Middle Cdward	Dale		une 26,	oy Year 19 67.
S. SEX male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED X	B. DATE OF BIRTH Sept 13, 19	9. AGE (In yeors log birthdoy) yrs.	Months Doys	
100. USUAL OCCUPAT during most of work Supreme	ION (Give kind of work don ing life, even if retired) Court police	e 10b. KIND INDU eman Foli	OF BUSINESS OR STRY Ce	11. BIRTHPLACE (Count Washingt	y & State, or foreign country) on D. C.	U COUNTRY	
13. FATHER'S NAM	allan A Dal	е	475	14. MOTHER'S MAIDEN Bes	NAME sie Polly		
1S. WAS DECEASED (Yes, no, or unknow no	EVER IN U.S. ARMED FORCES n) (If yes give wor or dote	? 16. SOO		7. INFORMANT John R Dale		dress ville, Md	
	DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUS	10), (b), and (c).),	Chear July	u-pulners		NTERVAL BETWEEN ONSET AND DEATH
rise to immed	ony, which gove liote couse (o),	(b) arte	rendere	the Kear	Desert		471.
last.	iderlying couse	(c) Keld	bete miller	4-Ca. 4	len & meta	de !	1/200
NOLLA PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19	9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1B.)		
20c. TIME OF Hour	NJURY Month, Doy, Yeor o.m. p.m.	While -	Not While	PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		(County)	(Stote)
	rtify that (I) (this had deceased alive an_	spital) attended 6 - 2 S		that death accurred a	19 <i>64</i> , ta <u>6-</u> tM, fram cause:	2 5, 19 <i>62</i> , 1 s and an the do	that (I) (we) lo
220. SIGNATY	myh Q. K	Peule		M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	June 2	C, 1967
PHYSICIA NAME (Ty		seph A Ba	ley	22d. ADDRESS Wa	shington D C	0	
230. BURIAL, CREMA REMOVAL GOE		HEREOF 9, 1967	23c. NAME OF CEMETERY Ft Lincoln		23d. LOCATION (City or Colmar Mano		
24. FUNERAL DIRE		s Sons I	ADDRESS			REGISTRAR'S SIGNATI	URE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funefal director, page 3 should be detached far use as the burial-transit permit. Then please remaye capan papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after dealth Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

4				0.8555
	ja tyu.	131		100
	W. S. Mannana die			v labbay is
	"blo" nothir city			
,				
	15, 19 m			
	. S. or margareth		ne sailer	rains seems
	ing made of me			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	petjuna min			
			t	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08556

CERTIFICATE OF DEATH

08553

000	00	1 74					00	00.0
1. PLACE OF DEA				2. USUAL RESIDENCE	(Where deceosed lived, if	institution: Resi	idence befor	re odmission)
France	George's		MARYLAND	o. STATE Maryla	nd	b. COUNTY Princ	e Geo	nge's
b. CITY OR TO	NN (If outside corporate lim	its,	c. LENGTH DF STAY IN 16	c. CITY OR TOWN (If o	utside carporate limits, v	vrite RURAL and	give neares	st town)
Chever.	ond give neorest town)	1	mo. 2 days	Berry	Heights		11 1	
	SPITAL DR INSTITUTION (IF			d. STREET ADDRESS	nergics		16.1	e. IS RESIDENCE
				(ON A FARM?
	George's Ger				ernon Drive			YES NO
3. NAME OF DECEASED (Type or print)		first Lanche	Middle M	Darling	4. DATE OF DEATH	Month June	Poy 8	Year 19 67
S. SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	8. DATE DE BIRTH 18	87 9. AGE (In	yeors IF UND	DER I YEAR	IF UNDER 24 HR
Female	White	WIDOWED X	DIVORCED	July 14, 18	B& 79 birtl	ndoy) Month	Is Doys	Hours Min
Oo. USUAL OCCUPA	TION (Give kind of work don		OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign countr	y) 12.	CITIZEN OF	WHAT
luring most of wor	king life, even if retired)	INDU	on home	Indiana	No. of the second		COUNTRY?	S.A.
13. FATHER'S NA	- M		3.7 700110	14. MOTHER'S MAIDEN	NAME		· ·	000110
Robert	Fox			Belle Am	idon			
	EVER IN U.S. ARMED FORCES	2 14 50	CIAL SECURITY NO. 1	, INFORMANT		« Address		
(Yes, no, or unkno	wn) (If yes, give wor or dotes		CIAL SECONITI NO.		5802	Dernon	Drive	9
No	None	100		Jack W. Dar	ling Ream	Same		41
	F DEATH (Enter only one of DEATH WAS CAUSED BY:	61/4	-	1 to + 1	11 Dercot	in Nergi		ERVAL BETWEEN ISET AND DEATH
PARI I.	IMMEDIATE CAUS	E (0) 101	sive Gastro	Medial	Hemmout	uce	011	JET AND DEATH
5/	X DU	E TO / A	. /	7	1 T . 11	1	100	
	ony, which gove	(b) (b)	mia of t	Cute Ferra	Transmit	1.C were	1	
	diote couse (o), Du	JE TO 201	6	1 -1 1.				
last.)	(c) 1.10	40 cardial	Infacta	m	U		
PART II. OTH	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO	BEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19.	WAS AUTOPSY PERFORMED?
0	holesunto De	coolerul	Fistula					PERFORMED?
200. ACCIDEN	WAS UNDERLYING			D. (Enter noture of injury in	Port L or Port II of item	18.)		
OR CONTRIBU	TING CAUSE OF DEATH	200.005	THE THE PROPERTY OF STREET			,		
I UIT CHITICK, NO	TIFY MEDICAL EXAMINER)	204 1411	JRY OCCURRED 20e.	PLACE OF INJURY (Home, for	m, 20f. (City or 1	town)	(County)	(Stote)
20c. TIME OF	INJURY Month, Doy, Yeor r.o.m.	While r	Not While	foctory, street, office bldg., etc		OWII)	(county)	(31016)
	p.m. 15	ot work L	at work					
21. I c	e rtify that (I) (##### e deceased alive an_	June 8	d the deceased fram 19_ 67 , and t	May , hat death accurred a	19 <u>67</u> ta Jun 1:30P M, fram c	le 8 , 1 auses and ar	9 <u>67,</u> the dat	nat (I) (w e) l e stated aba
22o. SIGNAT		1.11	1		UED CTAI	225	DATESIGN	IED / W
/	knold	11/2	Toda	M.D. PHYS.	MED. STAI	s. 0 8	5 year	ne 61
22c. PHYSIC	AN'S			22d. ADDRESS			1	-
NAME (Type) Arnold G.	Brody, 1	1.D.	4637 East	ern Ave. Wa	shingto	on, D.	С.
23o. BURIAL CREI	MATION, 23b. DATE T	HEREOF 1	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Ci	ty or Town)	(County	(Stote)
Trans-B	ecity al June	12. 1967	Woodlawn (Jackson.		, ,	(5.510)
	0	201	2299QUA	250 REC	D BY REGISTRAR	2Sb_REGISTRAR		RF
24. FUNERAL DIE		en Cartha	434 Georgia	Avenue DATUI		Ochar	Las &	udge.
Warner	E. Pumphreu.	The.	ALDON SOMANO	Z I'Id DATE	T T IOOI	11	-11	0

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

V. Tarring

1 100 2 Page | P

rigad Coopy a length localitel 5902 Various in ve 11 1 x

Consis White we we duty 14, 198% 70

terms and

Part of the contract of the co

when the same of t

1837 Bestern Ave. Washington, D. C.

triber of the wife, the last of the last o

S.R. where S bloom - -

-7/

FOR STATE \ HEALTH DEPT.

cessary, funeral 5 may be

Division 08557

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMO	RE 1, MARYLAND 2
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	U0004

1.	a. COUNTY					a. STATE			UNTY			
-	b. CITY OR TOWN	George's (If outside corpora	te limits.	MARYLA 1 c. LENGTH DF STAY I		c. CITY DR TOWN (and	corporate limits.			eorge	
	Chever:	and give nearest toy	vn)	of all the state of the state o		Upper				16.1		
/	d. NAME OF HOS	PITAL OR INSTITUTION	ON (if not in	hospital, give street edd	ress)	d. STREET ADDRESS	3			0.	IS RESI	
	Prince	George's (General	l Hospital		4108	Pratt	St.		Y	ES 🗍	_
3.	NAME OF DECEASED		Irst	Middle		Last	4. DA		nth	Dey	Year	
	(Type or print)		ohn	W.		Davis	DE	ATH Ju		15	19 6	
	SEX	6. COLOR OR RACE	7. MARRIE	9 NEVER MARRIED		DATE OF BIRTH	_	9. AGE (In year last birthda	y) Months	Davs	Hours 1	Min.
	Male	White	MIDOME	D DIVORCED	$\Box D_0$	ec. 5, 191		55 yrs.		1		
1Da	IN USUAL OCCUPAT	ION (Give kind of work ng life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY	-	11. BIRTHPLACE (State or f	oreign country)	12. 0	OUNTRY?	OF WHAT	
	Mainten			uilding		Virgi				USA		
13.	. FATHER'S NAM					14. MOTHER'S MAI	IDEN NAMI					
	. Willi:	am C. Davis	3			Marv	V.					
	. WAS DECEASED	VER IN U.S. ARMED FO	ORCES? 10	6. SOCIAL SECURITY NO.	17. I	NEDRMANT		Add	ress			
	es, no, or unwown)	(If yes pive war or dates		577-01-5056		Mr. Willia	m Ops	ahl, B	rainer	d, M	inn.	
	18. CAUSE DF	EATH [Enter only or	ne cause per	r line for (a), (b), end (c).]						ET AND D	
	PART I. DE	ATH WAS CAUSED BY	Pul	monary insuf	fici	encv				ONSE	I AND D	CAIN
	.904	9 DUE			1000			4.7				100
	.Conditions, If	/		onary emphys	Oma.	hilateral	-					
	geve rise to	Immediete (unary empnys	cilia,	Ullacela		34.	- 11			1.00
	cause (a), st underlying caus	acing the										
No			ONS CONTRI	BUT ING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL	DISEASE	ONDITION GIVEN	IN PART 1(a)	19.	WAS AU	
ATIO				hird and fou							PERFOR	NO T
FIG	2Da. EXTERNAL	CAUSE WAS	20b.	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature	of injury i	n Part I or Part	l of Item 1		A	
CERTIFICATI	PRIMARY OF OF	CONTRIBUTING X		legedly eith								
		NJURY Month, Day,		INJURY OCCURRED 2D				f. (City or town	(Cc	unty)	(S	tate)
DICAL		222		la Not While 3	factory	, street, office bldg.,	etc.)			,		
MEOI		6th,7th,8	at we	ork at work	Unkn			Jnknown				
	21. I certify	that I took charg	e of the re	emains described abov		44		45	iquiry X		in my c	pinion
	death fesult	ed from: Nature	Cansez	, Accident x,	Suic			Undetermin	ed manner			
		11/1	1			CHIEF MEDIC				20	June s	17.
	SIGNATURE	amixeu	100	Jung		_M.D. ASSISTANT M		_	Cheve	rly.	Md.	IGHER
	EXAMINER'S					DEPUTY MED	ICAL EXAM					
	NAME (Type)	Cornelius				Address_(Stre	et, city, to	own, or county)			(0.1	-1-1
238		eclfy)		23c. NAME OF CEN		DR CREMATORT	230.	LOCATION (City	, town or co	ounty)	(Sta	ate)
	REMOVAL (Spe Burial		20,196	7 Fairfax	Cem	etery	FOID DV 5	Fairfax	REGISTRAL	irgi	nie	
24	FUNERAL DIRE		T.	2847 Wilso	n Bl	vd.	IN 2 n	1967	ICC LOS		MIUKE	
	Tyes rune	eral Home,	Inc.	Arlington.		DATE	40	1304	-	1	0	

VR A15ME (5) 5M 1/65

TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 horses after death.

O DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

Prince Corner brolyself R Egiota Abrilla Trocker Tracel "LTOYLES Prince Moorge's Congral Mornitel - 4408 Prace St. niona 3 11 'ulmonary insufficiency a ferminal d amanique mano la" Mis fractures, second, third and fourth ribs, risht; and trauxa Allegedly etther beaten or from a tall Cheverly, 18. Cornellus J. Burne. . D.

pinter" - als

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	90	558				CERT	IFICATE	OF	DEATH					08	555
1.	PLACE O o. COUNT	Y	NOE GEORG	EIS		MA	RYLAND	o. STA	L RESIDENCE (VATE YLAND	Vhere deced		b. COUN			odmission)
	write	R TOWN (RURAL on	If outside corporated give nearest taw AIR FORC	limits,		LENGTH OF STATE		c. CITY C	REWS A		ote limits,	write RUR.			town)
	d. NAME	OF HOSPI	AL OR INSTITUTION	(If not in	hospitol, give	street oddress)			T ADDRESS		Æ.				IS RESIDENCE ON A FARM? ES NO
3.	NAME O DECEASE (Type or	F .	NORMA	First	(NMT)	Middle	DET.C		ost	4. DATE OF DEATH		Month)	Doy	Year 19 6.7
S.	SEX F EMA	180	6. COLOR OR RA		MARRIED VIDOWED	NEVER MARR	IED B	DATE OF			9. AGE (In lost bir	yeors	IF UNDER 1 Months		Hours Min.
du	o. USUAL C ring most HC	two tking	(Give kind of work life, even if retired)	done	10b. KiND INDU	OF BUSINESS OR STRY		11. BIRT	THPLACE (County EWE CHY THER'S MAIDEN I	& Stote, or f		try)		IZEN OF UNTRY? AT B	RITAN
	ARTH	UR	R IN U.S. ARMED FO		HOFIFI	D TAL SECURITY NO.	1 17 18		SIE M.			Addres			
(A	es, no, or i	inknown)	(If yes give wor or	lotes of ser	vice)	IAL SECURITY NU.		MERT		FLORE	ENZO_		BAND—S	SAME	AS #2
	Condition rise to stoting last.	3 X ons, if ony mmedio the unde	, which gove e couse (o), rlying couse	CAUSE (o) _ DUE TO (b) _ DUE TO (c) _	Heo	Rdiok	NT of	Lun	ray E	eff	1510	n_			WAS AUTOPSY
CERTIFICATION	20o. AC	CIDENT WA	GNIFICANT CONDITIONS CONDITIONS CONTRACTOR C			RIBE HOW INJURY									PERFORMED?
MEDICAL CERT		ER, NOTIFY)	20d. INJU While of work	RY OCCURRED Not While of work			RY (Home, farm office bldg., etc.)		(City or	town)	(Cou	ınty)	(Stote)
K	sa	w the d	fy that (I) (thi eceased alive	hospito	lt) attende	d the decease	d fram_/ , ond thot	death	occurred at	4000	ta <u>19</u> M, from	Couses (and on th	ne date	stated obove
	27c P	HYSICIAN'S	ode	ls.	Ei.		M.D	PHYS.	ADDRESS US	MED. DIRECTOR AF HC	SPIT	ys.		JUN	
23	o BURIA	CREMATI	STEPHEN DN, 23b. DA	PODA:		CAPT, US.			A NOR EWS	23d. L	WASH.	ity or Tov) N DC vn)	203' (County)	(Stote)
2	REMO 4. FUNER	AL ISPECITO	EMATION2 ROBERT	2/67 E. W	ILHELM	CEDAR FUADOREAI	HILL HOME	CEME	2So. REC'I	BY REGIST	RAR	2Sb. REG	RGES,	GNATUR	
	1.300	CIITT	TAND ROA	n ci	ITTT A N	D MARVI	(T/A A)		DANUI	161	1967	VC	leavel	0.0.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

	SALE SERVICE AND AREA HO			HATELEN TALL OF	
					No co
	Frank Silver				
	CARLES FOR				
32					
		4			
	2 2				
	The state of the state of				
International Contraction					
	- A PARTITION AND				
				ł	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
PER PER PER			MOSE WILL ST		
	THE IS HELD			denning of the	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shall be state Dept. of Health priar ta burial, crematian, ar remaval, and in any never, within 72 haurs of fer deat

OPEEC

	(855)	3		CEKTIFICATI	t OF DEATH				UO	991)
1.	PLACE OF DEATH a. COUNTY Pri	nce George	3	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where de	ceosed lived, if institu b. COL		re before	odmissio	ny
	b. CITY OR TOWN (If outside corporate limit	is, c	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corp	orote limits, write RI	JRAL ond give	nearest	tawn)	
	Glenn D	ale (rural))	yrs., 3 mos	Washingt	on,	D. C.		4'	7.3	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, give	street address)	d. STREET ADDRESS				0.	IS RESID ON A FA	ENCE
	Glenn D	ale Hospita	al		1007 8th	St.	, N. E.		YE	S	
3.	NAME OF DECEASED (Type or print)		irst L 11am	Middle	lost Derrick	4. DAT OF DEA		nth 9	Doy	Yea	
٤.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeors	IF UNDER		FUNDER	
	Male	Negro	WIDOWED	DIVORCED [10/7/1899		lost birthdoy) 67 yrs.	Months	Doys	Hours	Min.
du	ring most of working	N (Give kind of work done life, even if retired)	INDUS	OF BUSINESS OR STRY CACTORS	11. BIRTHPLACE (County Orangeburg				IZEN OF V UNTRY?	VHAT	
	FATHER'S NAME				14. MOTHER'S MAIDEN						
	John R.	Derrick			Matilda	Sall:	v				
15	. WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16. 500	IAL SECURITY NO. 17.	INFORMANT		Add	ress			
(1)	es, no, or unknown)	(If yes give wor or dotes		-14-6025	Decedent						
	18. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY:	use per line for (o)							J AND DI	EATH
	0021	IMMEDIATE CAUSE	(0)			_		A .	- 3 -	- >	mo.
	Conditions, if ony		(b)								
	rise to immedio			-			100				
	stoting the unde	riying couse		nary tubercu	losis				18	yea:	rs
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS		DEATH BUT NOT RELATED TO		NDITION (GIVEN IN PART I(o)		19. V	AS AUTO	PSY
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or	Part II of item 18.)	L a	- 3		
MEDICAL	20c. TIME OF INJ Hour o.	10	20d. INJU While at work	Not While fa	ACE OF INJURY (Home, for ctory, street, office bldg., etc		f. (City or town)	(Cou	inty)	(5	itote)
		fy that (this hose eceased alive on_		1 the deceased fram	2/28/ at death accurred a	19 64			67tha		
	220. SIGNATURE	Mos	Wen		ATTENDING	MED. DIRECTOR	STAFF PHYS.	22b. D/	TE SIGNED)	
	22c. PHYSICIAN'S NAME (Type	1		British Park	22d. ADDRESS	Glen	n Dale Ho	spital			7
	NAME (Type	Moe We	iss, M.	0.			n Dale, M		d		
230	REMOVAL (Specify	ON, 23b. DATE TH	EREOF 5	23c. NAME OF CEMETERY OR	nam. PK	23d.	LOCATION (City or T	own)	(County)	(St	ote)
2	4. FUNERAL DIRECTO	ORNATIONAL-1	-H. HOME	ADDRESS	2So. REC	D BY REG	0.00	REGISTRAR'S S	400		
3	il. MI	riray "	412-	Hot nE	JUN JUN	12	1967 1900	iarles	Jud	ge	
		0	, , , ,						-		

VR A15 (4) 25M 1/67

Ply		*4	-	
4	1	Seat.		

John M. Derzick

Remark Downers

issing the class can

First Strate

Clerch Sels (Street) 3 (18. 3 mest Mashington, Dr C.

100) Sen St., K. E.

Solvent

.b. .? _ornorganta Gontractors areason in the

3-423-1

1-14-6-23 Decedent

8 6 69 63 - 2123/ 6a 0/9/

Sleam Dajd Rospicki -

Siber Dele, thereined

Omonthon F.

WE STEEL TO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

S. SEX 6. COLOR OR RACE 7. MARRIED 3/19/39 8. DATE OF BIRTH 1915	085		OI VIIAL KEC			OF DEATH	AL, MARIENIE	21201	085	557	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVERIAL and give nearest town) Hyattsville 4. SARET ADDRESS 3220 Toledo Place Apt. 6M 9. ASE GONT ARABAR STORM CONTRIBUTION (for his nospirol, give striket address) 1. AMME OF DECEASED RODAL 1. AMME OF DEATH 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 1. AMME OF DEATH 1. AMME OF DEATH 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 1. AMME OF DEATH 1. AMME OF DEATH 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 1. AMME OF DEATH 1. AMME OF DEATH 1. AMME OF DEATH 1. AMME OF	. PLACE OF DEAT	Н	s County	MARYL	AND	o. STATE					=
Riverdale Maryland 2 Days Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sifee oddress) Bugene Leland Memorial Hospital NAME OF PECASPONIA) NAME OF PECASPONIA) NAME OF PECASPONIA) NAME OF PECASPONIA) NAME OF PECASPONIA NAME OF PECAS	b. CITY OR TOW	N (If outside corporate limit			1b	c. CITY OR TOWN (If ou	tside carporote limits	, write RURAL	and give neores	t town)	_
Eugene Leland Memorial Hospital 3320 Toledo Place Apt. 6M YON A PARMED COMPRESSION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 1. MANK OF PEECASED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 2. CITIZEN GO MICHOLOGY (COUNTRY) COUNTRY OF C				21 Days			lle		16.1	/	
NAME OF PREABED Ronald Dick D				•						ON A FARM?	_
PRESENCE Royald Path P											1
Male White WIDOWED DIVORCED 3/19/39 Spinfidoy) Months Doys Hours Min Grant Country Months Doys Hours Min Grant Country Months Doys Hours Min Months of Working like, even if retired) Gr. USUAL OCCUPATION (Give kind of work done luring most of working like, even if retired) Clerical Purniture Company Penn. 13. FATHER'S NAME R. Harry Dick Shambaugh, Clara 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clara Dick (mother) 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) MASE AND DEATH MAS CAUSE BY. IMMEDIATE CAUSE (o) DUE TO (conditions, if ony, which gove rise to immediate cause (o), stoling the underlying couse of Country Months of Country Mont	(Type or print)	Ronald				ick	OF DEATH	6/	27/	19 67	
INDUSTRY Pern INDUSTRY Pern COUNTRY? USA							9. AGE (Inst. b	irthdoy) /			
STATIFIES NAME 14. MOTHERS MADEN NAME 14. MOTHERS MADEN NAME 15. MANDERS NAME 15. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (o) 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (o) 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (o) 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (o) 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (o) 19. WAS AUTOPSY PERFORMEDY (c) 19. WAS AUTOPSY PERFORMEDY (FIFTHER ONLY MAS UNDERLYING 20. ACCIDENT WAS UNDERLYING 20. ACCIDENT WAS UNDERLYING 20. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) 20. TIME OF INJURY Month, Doy, Year Hour' o.m. 19 19. While Not While 19. And that death occurred a 20. ATIFICIAL PERFORMEDY (Country) (Stote) 220. SIGNATURE 220. SIGNATURE 220. ATIFICIAL PERFORMENT 220. ATIFICIAL PERFORME						11. BIRTHPLACE (County 8	& Stote, or foreign cou	entry)			
Shambaugh, Clara	Clerica	1			any		lant.			USA	
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)											
The continue of the course o			I 16 500	TAL SECURITY NO	17 IA		h, Clara	Address			_
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(Yes, no, or unknow	(If yes give wor or dotes	of service)	a l			mother)	Addiess	1		
DUE TO Conditions, if ony, which gave nise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While ot work 21. I certify that (I) (this hospital) otherded the deceased from TUNE 25 , 19 67, to TUNE 27 , 19 67, that (I) (we) saw the deceased alive an to the date stated obcomes attending to the date attending to the date stated obcomes at the date attending to the date at the date of the date at the date of the date at the date of the		DEATH WAS CAUSED BY:		(,(b), ond (c).)	nes	hnoril	hemo	who			
rise to immediate cause (a), stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		O X DUE						0	7	1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 While Not While of work of wor		linte cause (n)								V	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRI		nderlying couse									
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 20c. CIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED Of Not While of two while of two rections of the deceased from Ture 25, 1967, to Ture 27, 1967, that (I) (we) as aw the deceased alive an analysis of the deceased from Ture 25 and that death occurred and the deceased on the date stated obcomes and the deceased from Ture 25. Dates in the date stated obcomes of the date of the da		R SIGNIFICANT CONDITIONS (DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(a)			=
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work 21. I certify that (I) (this hospital) ottended the deceased from June 25, 1967, to June 27, 1967, that (I) (we) saw the deceased alive an June 1906, and that death occurred and the date stated obcomes at the state of	OR CONTRIBUTI	ING CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OCC	CURRED. (Enter noture of injury in I	Port I or Port II of it	em IB.)	Zage		7
21. I certify that (I) (this hospital) attended the deceased from JUNE 25, 1967, to JUNE 27, 1967, that (I) (we) saw the deceased alive an 1960, and that death occurred a 1950, from causes and on the date stated obcomes 220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED	20c. TIME OF	INJURY Month, Doy, Yeor o.m.	While _	Not While				or town)	(County)	(Stote)	_
220. SIGNATURE ATTENDING MED. STAFF 22b. DATESIGNED	21. I ce			the deceased f	rom I	INE 25 ,1	967, to Ju	NE 27	1, 1967, th	at (I) (we) lo	_ ist
ATTENDING MED. STAFF STAFF			Hune:	27 19 6 (, at	nd that	death occurred a	M, from	causes on			/e.
m.o. rnio philippi	22o. SIGNATU	IRE MINOS	noll	211	M.D.	ATTENDING PHYS.		TAFF	22b. DATE SIGN	8/61	
22c. PHYSICIAN'S NAME (Type) LMMALIN M. D. 22d. ADDRESS WERSHE, MILL.			MA	LINI	MI	22d. ADDRESS	werd	ell,	nlu	1, 1	
230. BURIAL CREMATION, REMOVAL (Specify) Burial 23d. Location (City or Town) Lock Haven Clinton Pa	REMOVAL (Spe						23d. LOCATION Lock Ha	(City or Town			-
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		COR F. Gasch's	Sons I		le. M						_

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

Example 1 and 2 an

2. 1.0 E 21.0 E

. no. ,noc co camalalla (2016) Lieur , Look sail

a temperature of the selection of the se

Burnett may have been promise southern went to make

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH hours a. COUNTY the d 2 ath. Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) Life Groom Croom within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS RFD Box 3435 RFD Box 3435 completely NAME OF First Middle DATE 4. DECEASED ed OF (Type or print) Elizabeth Duley Irene DEATH within GR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and Female WIDOWED DIVORCED | July 1902 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)
Housewife Own Home death Ξ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Irene Naylor Bernard Downing a Then requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) No permit. attending physician. has been signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immadiate causa burial **DUE TO** (a), stating the underlying the the hospital or cause lest. PHYSICIAN: certificate Se 0 CERTIFICATION prior for use 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) retained by After ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 5 factory, streat, office bldg., etc.) While Not While Hour a.m. DIRECTOR: 3 should be de Dept. at work at work 21. I certify that (I) (this hospital) attended the deceased from. to. State State MAC. 19.6. and that death occurred at / saw the deceased alive on..... OR 22a, SIGNATURE ATTENDING MED STAFF TO FUNERAL director, page be filed with th HOSPITAL death. Page 4 O FUNERAL DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Pr. Geo's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM NO Z Month Day 67 June 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Arthur Alton Duley-Upper Marlboro Md ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO Z YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (Stete) (County) M, from the causes and on the date stated above. 22b. DATE SIGNED 22c. PHYSICIAN'S Upper Marlboro, Maryland: Robert B. Sasscer, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) St. Thomas Cemetery Croom 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS tchie Bros. Upper Marlboro, Md.

VR A15 (4) 20M 5-63

2016 20E 01E

Tous if.

Saimon beganion

DEC CAL

sometimes continue

HOOTS.

BED BOX BURS

Irene Alisabeth Duley June 8, 57

Pennils Sill 1902

Dwa Mone Mergland

Tole Hagiler

3 10 70 03 Methor altha Dalor - Toler and a sold and

81 000 .75 HHB.

14. 38. 40

Robert d. Sassess, M. D. Doson Harlones, Haryland:

Burtal 6/11/67 St. Thomas Cometery Groom

Mara Mitrolle Pros, Urgor Mariboro, Ma, Laby S. Lager

:73/8/8

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) MARYLAND CAY OR TOWN (if outside corporate limits, write RURAL and live neerest town) Department after death. outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE DN A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street eddress) d. STREET ADDRESS EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State Mours DATE OF DEATH NAME OF Middle DECEASED 2¥ 2 (Type or print) 19 新 5. SEX (In years | IF UNDER 1 YEAR birthday) | Months | Days **24 HRS** FUNDER MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 2 event and 10b. KIND DF BUSINESS OR CITIZEN OF WHAT 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) r foreign country) any pages in any FATHER'S NAME MOTHER' S MAIDEN NAME and File WAS DECEASED EVER IN U.S. ARMED FORCES?, no, or unkown) | (If yes give war or dates of service) (Yes, no, or unkown) permit. I 18. CAUSE OF DEATH [Entar only ona cause per lina ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or DUE TO Conditions, If any, which (b) gave risa to immediata DUE TO causa (s), stating tha 1 used as a to burial, undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) WAS AUTOPSY 19. CERTIFICATION PERFORMED? YES ND 3 should be agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work et work CTOR: Page designated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection files. DIRECTOR: Undetermined death resulted from: Natural causes Accident Suicide Homicide your Page 4 please execut O DEPUTY MEI SIGNATUR for 0 FUNERAL | DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. NAME (Type) Address (Street, city, town, or county) CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) DATE BURIAL, CREMATION, 23c. REMDVAL (Specify) o, 0 GEORGES RESURRECTION CEMET VCE BURIAI REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR ROBERT E. WILHELA VR ALSME (5)

SUITLAND ROAD, SUITLAND,

1/65

MARYLAND STATE DEPARTMENT OF HEALTH

marghant Parte DOD - Washington De PO. Prince Herris House 4143 Authornovers JAMES ALONIBIUS FADDENGIL, June 19 5 Que, 5 1901 66 accounted Their ment Pettstewn Pa USA THOMAS FADDEN FORTHUR ALL MINES Souther Cornery Thronbosis House Darton OWatkun DAYTON ONATKINS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

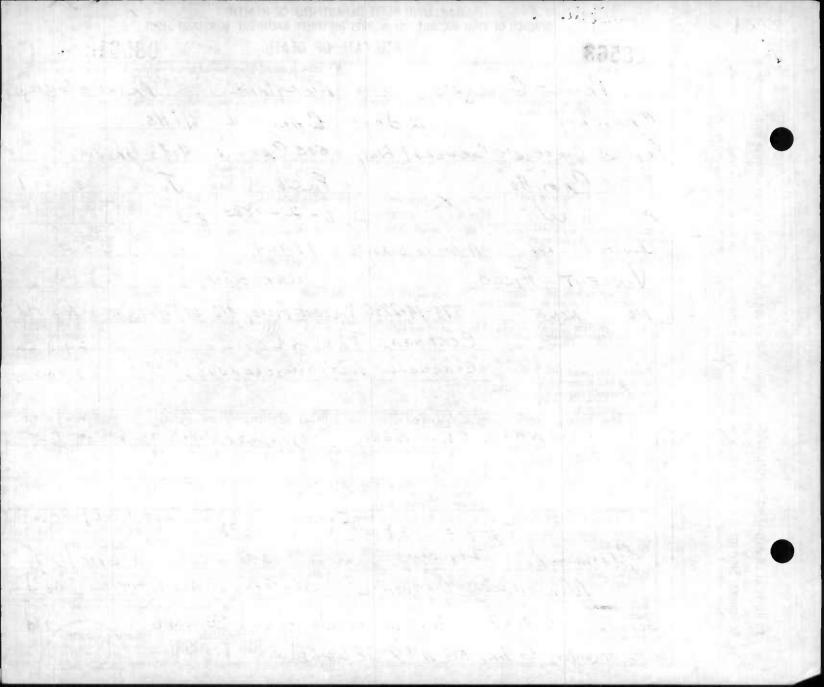
Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH O. COUNTY O. COUNT
b. CITY OR TOWN (If autside corporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 4. STREET ADDRESS 6. STREET ADDRESS 6. STREET ADDRESS 6. STREET ADDRESS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED T. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED T. MARRIED NEVER MARRIED NOUS MA
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Color of the corporate limits, write RURAL and give nearest tawn)
d, NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VES NO DECEASED (I'ype or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 10. BISTHPLACE (county & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME UN KIDOWED 14. MOTHER'S MAIDEN NAME UN KIDOWED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. TO SUBJECT TO
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NO NO NO NO NO NO NO NO NO N
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVO
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours Min.
No. USUAL OCCUPATION (Give kind of work done during most of warking lite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or runknawn) (If yes give war ar dates af service) 579-14-2230 17. INFORMANT 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) 18. CAUSE OF DEATH (Ent
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cenebral Throm bosis 15. Was Decated and the country of the countr
during most of working life, even if retired) ANTOR - Ket. 13. FATHER'S NAME VINCENT FICCO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 579-14-2230 17. INFORMANT Address VINCENT FICCO, 416 G15T AVE, CAPITOL HHS. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DIFF TO ONSET AND DEATH DIFF TO ONSET AND DEATH DIFF TO ONSET AND DEATH
13. FATHER'S NAME VINCENT FICCO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or runknown) (If yes give wor or dates of service) NO NONE 16. SOCIAL SECURITY NO. 17. INFORMANT 579-14-2230 VINCENT FICCO, 416 G15T AVE, CAPITOL HHS, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) NO NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) TO NO STAND DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIFF TO 16. SOCIAL SECURITY NO. 17. INFORMANT VINCENT FICLO, 416 G1ST AVE, CAPITOL HHS. Md. ONSET AND DEATH ONSET AND DEATH Throm bosis DIFF TO DIFF TO
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSE BY: ONSET AND DEATH
33 2 X DIF TO
Conditions it any which care >
nise to immediate couse (a), stating the underlying couse DUE TO
last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E CORONARY Thrombosis DIABETES MELLITHS VES THO
CORENARY Thrombesis Dirbetes Mewiths PERFORMED? 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 20d. INJURY OCCURRED While of work of octory, street, office bldg., etc.) at work of work
21. I certify that (1) (this haspital) attended the deceased fram June 1, 1967 to June 3, 1967 that (1) (we) la
saw the deceased office an July 3 19 6 7, and that death accurred at 6 3 M, from causes and an the date stated above 220. SIGNATURE
M.D. PHYS. ATTENDING DIRECTOR PHYS. G 6 14 16 7
22d. ADDRESS NAME (Type) Nonman). Comesu 3503/Exay 51 MT Rainier md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (County) (State)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08564 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b COLINTY Prince George's within 72 hours after MARYLAND Washington D. C.
c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give_nearest town) Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Carroll Manor 4922 La Salle Rd. 5022 Illinios Ave. 3. NAME OF First Middle 4. DATE DECEASED Margaret V. Fitzgerald and in any event, (Type or print) DEATH June S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) female White WIDOWED Nov. 4th 18 1877 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Thomas Fitzgerald Margaret Sheaham 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address ransıt permit., crematian, ar re 218-54-5380 Carroll Manor same @#1 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO far use as the t Health priar ta b stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO MEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) Hour 'o.m. foctory, street, office bldg., etc.) Not While **DIRECTOR:** After at work 21. I certify that (1) (Machine) attended the deceased fram June , 19 60, to June 17 , 1967, that (1) (w/// last saw the deceased of an June 15 19.67, and that death accurred at 5 p. M, fram causes and an the date stated above. 220. SIGNATURE ATTENDING PHYS. DIRECTOR directar, page shauld be filed

NAME (Type) Richard P. Delany. M.D. 23o. BURIAL CREMATION. 23b. DATE THEREOF

June

23c. NAME OF CEMETERY OR CREMATORY 20年1967 Mt. Olivet Cemetery

22d ADDRESS 4323 Harvard St. Silver Spring, Md. 23d. LOCATION (City or Townshifferton, got

Blandensburg, Rd. N. E.

BRIMOVAL (I pecify) 24. FUNERAL DIRECTOR

ADDRESS F. Gasch's Sons Hyattwville, Md. 2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE Miniter Judge

(County)

22b. DATE SIGNED

e. IS RESIDENCE ON A FARM?

Doy

17

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

YES NO-

Year

1967

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

TO FUNERAL VR A15 (4) 25M 1/67

24 haurs after

certificate

that the death

307

				ec"
	mot attitue		A VARIOUS CO	Ť.
	The second the passion of	N office	el 200 1000	Offered
	ome (1) - blove)			
	enthingson, A. D.			
			Lungernint	
	The state of the s			
bet males	TOTAL CONTRACTOR OF THE PARTY O		Tuestalist II.	
e installe	es another service Joseph	Fry bases	smith.	Te 164

FOR STATE HEALTH DEP necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is and 2 with the State Department of centre. This certificate should be executed within 24 hours ofter death. If 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Health prior to burial, cremation, or removal, and in any event within 72 hours off TO DEPUTY MESTCAL EXAMINER:

VR A15ME (5) 6M 1/67

	856	5:	MEDICAL EXAMINER	'S CERTIFICATE OF	DEATH	08563
	PLACE OF DEATH o. COUNTY	ince George!	S MARYLAND	o. STATE	re deceosed lived, if institution: b. COUNTY Prince G	
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16		le corporote limits, write RURAL	
		d give neorest town)	DOA	Croom		16.1
			in hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
7	Prince Ge	orge General	Hospital	Box 3277 Cr	oom Station Ro	ON A EARM?
	NAME OF DECEASED (Type or print)	Eirst Nellie	Middle		DATE Month OF DEATH	Doy Year 16 19 67
S.	SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years III	E UNDER 1 YEAR IF UNDER 24 HRS.
	Female	Negro	WIDOWED DIVORCED	12-2-1893	lost birthdoy) M	Nonths Doys Hours Min.
1Do	o. USUAL OCCUPATION ring most of working	N (Give kind of work done life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or MARYLAND)		12. CITIZEN OF WHAT
13.	DOME :	STIC		14. MOTHER'S MAIDEN NAM		0071
	ANDREW	STEWART		EMM A CL	ARK	
1S {Y	. WAS DECEASED EVI	FR IN U.S. ARMED EORCES? (If yes give wor or dotes of s		7. INEORMANT	Address	
_	NO	FATU (Fates only one source				INTERVAL BETWEEN
		TH WAS CAUSED BY:	per line for (o), (b), ond (c).) Asphyxia			ONSET AND DEATH
	921	9 IMMEDIATE CAUSE (a)			
	Conditions, if ony	1	Strangel	ation		
	rise to immedio	te couse (o), (1			
	stoting the under	erlying couse (c				
TION	PART II. OTHER S		ITRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PEREORMED? YES X NO
CERTIFICATION	2Do. EXTERNAL CA	AUSE WAS	2Db. DESCRIBE HOW INJURY OCCURR	FD (Enter nature of injury in Part	t Lor Port II of item 1B)	
CERT	2Do. EXTERNAL CA PRIMARY SO OF CO CAUSE OF DEATH.	INTRIBUTING		(2.1.2. 1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
		URY Month, Doy, Yeor	2Dd. INJURY OCCURRED 2De.	PLACE OF INJURY (Home, form,	2Df. (City or town)	(County) (Stote)
MEDICAL	Hour o.	m.	While Not While	foctory, street, office bldg., etc.)		
	6-15-0	2 Mill	of the remains described above,	Unknown	Marlboro	P.G. Md.
			/ ^		Inspection Inquiry	
	deoth resul	tea trame Natural	causes Accident ,	Suicide, Homicide CHIEE MEDICAL EX		ner 🔛
	ACTUAL SIGNATURE	John	1 Metal	M.D. ASSISTANT MEDICA	L EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type) J			DEPUTY MEDICAL E Address (Street, ci	ty, town, or county)	
23	O. BURIAL, CREMATY	ON, / 23b. DATE THER	EOE 23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(//
	BUR LAL	0/21/6	MT CARM		UPPER MARBB	ORO MARYLAN
2	A NUNERAL DIRECT	OR MA	ADDRESS A	2So. REC'D B'	registrar 25b. Regis	TRAR'S SIGNATURE

196

23

			60 832
elenand call	2005,780		et associa estitica
X and	that spirit IVS to	Logical design	of Greens parent on A.
e Maria	1985 as As	Vergilon E	
	57 by 6		
	THRYLAND		SITSEMOL_
	ARAJO A ORC		TRAUBIC WESTERN
		der der de	CH
the service of the se			AE, 32-33-0
		.No etmenti	. 1. Proposition
ARBERRO, MARYL	TENNES OF THE	17. ABBEL	. 1:7062 January

death.

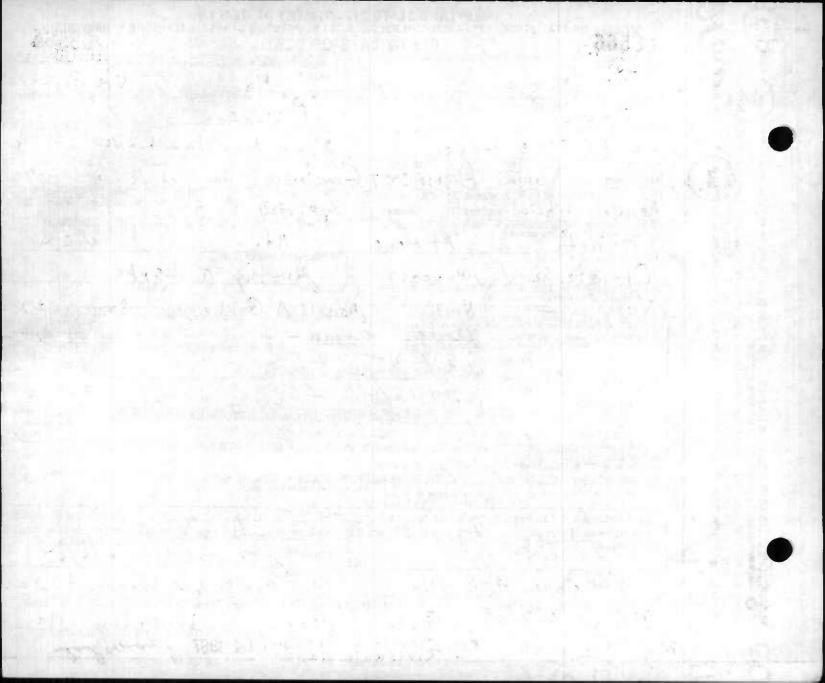
uneral
and 2
death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH

1.	PLACE DE DE TH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	L'estge MARYLAND	a. STATE Md. b. COUNTY	George
	b. CITY OR TOWN (If outside corporate limits, write R)RAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Dowie	Dowie 10	6.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2	722 Reystme Love	2722 Keystone Lake	YES NO NO
3.	NAME OF First Middle	Last 4. BATE Month	Day Year
-		PARDINER DEATH WINE	4 196/
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Months Months	Days Hours Min.
10a dur	a. USUAL OCCUPATION (Give kind of workdone Industry Indus		UNTRY?
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Christopherd. Atmacast	Horothy H. Leppo	10,000
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no. of unkown) ((If yes give war or dates of service)	INFORMANT Address	
	No - Nine A	onald A. Gordiner, Cr. Sa	Me as #2.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepolic Co	ma -	24 hours
	Conditions, If any, which \ DUE TO Metostic Molegues	us to Liver-	6 months
	gave rise to immediate	122 15	7
	cause (a), stating the underlying cause last.	- Surgey 6:27-63	7 9200 C
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY PERFORMED?
FICA	generally metastelle Mal	gnan g	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter hature of injury in Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	CE OF INJURY (Home, farm, 2Df. (City or town) (Cour	ity) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work at work	pry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	June 28, 1963, to 6-4, 196	2, that (I) (we) last
		t death occurred at 213 M, from the causes and on th	e date stated above.
	22a. SIGNATURE ASuly	ATTENDING MED. STAFF DUVE DIVE	TE SIGNED
	22c, PHYSIOTAN'S M.I	D. PHYS. DIRECTOR PHYS.	10/6/
	NAME (Type) Dames H. Scully	1835 Eye St. N.W. Wosh	voting a
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 6-7-67	FOR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
24 h	V.W. Chambers Co. 5801 Riverand	AVE 258. RECID BY REGISTRAR 256. REGISTRARA JUN 1 4 1967 June 14 1967	SIGNATURE
-	11 VI WOL	1 - 1 - 1 - 1 - 1	

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

66301	CENTIFICATE	OF DEATH		U3503
1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, if instit	tutian: Residence befare admissian)
a. COUNTY	MARYLAND	o. STATE		DUNTY
b. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 16	Mary Mary		Prince Georges
write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 18	C. CIT OK TOWN (IT O	utside corparate ilmits, write k	RURAL and give nearest tawn)
Cheverly	5 days	Hyatt	tsville	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspi	tal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georgws Genera		5809	44th Avenue	YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	anth Day Year
(Type or print) Samue1		Gilardi		June 22 1967
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male White WIDOW	VED DIVORCED	2 Jan 18 6 2	last birthday) 75 yrs.	
	b. KIND OF BUSINESS OR		y & State, ar fareign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY V2 /	94	-0	COUNTRY?
13. FATHER'S NAME	Building	Ma warmen	uj	10.0
IS. FAITIERS NAME	10 1.	14. MOTHER'S MAIDEN	NAME	
Transesco 1	Karoli		Lina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	10 , 11/10 Ad	dress of av
(Yes, na, or unknown) (If yes give war ar dates of service)	352055915A Te	to Stefan	elle Botan	ille mod
1B. CAUSE OF DEATH (Enter only ane cause per line	for (a), (b), and, (c).)			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	11 - 21	0	00 - 1 -	ONSEJ AND DEATH
15400 IMMEDIATE CAUSE (a) Due to	artis - Euste	Down cut	Heedny	0 3 olen -
Canditians, if any, which gave				
rise to immediate cause (a)	Vantur 1	Heer	¥	
stating the underlying couse DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
ATIO				YES NO XXX
20g. ACCIDENT WAS UNDERLYING 20g. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFE) MEDICAL EXAMINED.	D. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20	od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, far	m. 20f. (City ar tawn)	(County) (State)
Haur a.m.		ary, street, office bldg., etc		(coonty) (sidile)
p.m. 17 at	wark L at wark L			
	tended the deceased fram 🎸		19.62, to June 2	22 , 1967, that (1) (xxx) las
	ne 22 1%7 , and that	t death accurred a	4 35 AM from cause	s and an the date stated above
22a. SIGNATURE	0	ATTENDING BESK	MED. STAFF	22b. DATE SIGNED
1 Hali	au) M.I	PHYS.	DIRECTOR PHYS.	
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Ohannes Sahak	yan, M. D.	Cheverly	Professional	Bldg. Cheverly, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	Town) (County) (Stote)
BREMOVAL (Specify) 6-26-196	7 4 211	ven Com,	11/hon Ins	Maryland
24. FUNERAL DIRECTOR?	ADDRESS A		D BY REGISTRAR 2Sb.	REGISTRAR'S SIBNATURE
11/11/06	(Kinyrdala)	III cl.		Miarles Judge
Will Chamber	is or	DATE	HN 9 G 1967	Frank Day

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tembors torbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and sagarement, within 72 hours after death.

THE COUNTY OF THE PROPERTY OF Maryl and Prince Cooreda Tables Centres Clebraty Start E Tire the contract to the cost of the contract to the contract contract to the contr Sewiel June 11 Danier Sulland MIN TO SELL AND ANY ADDRESS TO THE PARTY OF

Change Sanalyan, M. L. Cheverly Projectional Blds. Engwarly, Md.

The second of th

10 HOSPITAL OR ATTENDING PHISICIAN: The Tow requires That the death certificate be executed within 24 hours offer death.	1	physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-tronsit permit. Then please remove arbon papers. Pages T and 2	should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and any event, within 72 hours after death.
dearn ce		Hending	rmit. Th	n, or rem
nat the	n.	by the at	onsit pe	remotion
v requires r	ing physicio	en signed b	he burial-tr	to burial, cr
Ine lov	attendi	has be	use as t	Ith prior
IO HOSPITAL OR ALTENDING PHISICIAN:	Poge 4 may be retained by the hospital or attending physician.	E TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine	director, page 3 should be detached for u	should be filed with the State Dept. of Hea
	25	M	167	1

	(856)	8	CERTIFICATE	OF DEATH		08566
	b. CITY OR TOWN (I	f autside carparate limits, pive nearest town)	ges MARYLAND c. LENGTH OF STAY IN 16	a. STATE Wash.	ere deceosed lived, if institution b. COUNT b. COUNT de corporate limits, write RURA	P. A.
		al OR INSTITUTION (If not in		d. STREET ADDRESS	Meadow Vie	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type ar print)	ANDRE	Middle (Last	4. DATE Manth OF DEATH 6	19 1967
	SEX	W	VIDOWED DIVORCED /	12-4-83	9. AGE (In years last birthdoy) yrs.	Months Days Hours Min.
dut	ring most of working I Retire	(Give kind of work done life, even if retired) dearpente:	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S.	a	12. CITIZEN OF WHAT COUNTRY?
		Gobins	A Secretary	14. MOTHER'S MAIDEN NA Unk 1		
(y	. WAS DECEASED EVER es, na, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates of sen		oformant Ludmila Gob	Addres oins same a	4.0
	18. CAUSE OF DE PART I. DEAT 14-8 Canditions, if any, rise ta immediate stating the under	e cause (a), (DUE TO	Respirator Metastati		inomatos.	INTERVAL BETWEEN ONSET AND DEATH 1 S 29 PA PS
CERTIFICATION			IBUTING TO DEATH BUT NOT RELATED TO THE OFFICE OF THE PROPERTY OCCURRED. (19. WAS AUTOPSY PERFORMED? YES NO L
AL CERTI	OR CONTRIBUTING	HINDERLYING CALSE OF DEPUT	Wo	re		
MEDICAL	Hour aur	1.00	While at work factor	E OE INJURY (Hame, farm, ity, street office bldg., etc.)	20f. (City ar town)	(County) (State)
			attended the deceased from 1967, and that serving MD SHAVER TO	ATTENDING MPHYS. DI	M, from causes a	22b. DATE SIGNED 6/19/67
	BURIAL, CREMATIO REMOVAL (Specify) burial	6/23/6		k Cemetery		, , , , , , , , , , , , , , , , , , , ,
1	54.4	MIS CA	wash. D	DATELUIN		warles Juage

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ded funeral pud by The Pages oon papers. Pag within 72 haurs filled in carbon any and in ar remayal, crematian, burial-transit þ burial as the 0 certificate has been priar 1 Health p far use detached FUNERAL DIRECTOR: After this

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

08569 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town) d. STREET ADDRESS Cheverly 2 day
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 2 days Prince Georges General Hospital 67 3. NAME OF 4. DATE DECEASED (Type or print DEATH Samue 1 S. SEX 6. COLOR OR RACE NEVER MARRIED Male White
10a. USUAL OCCUPATION (Give kind of wark done
during most of warking life, even if retired)
Advertising WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Massachusetts 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Goldberg Dora 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give wor or dates af service) 3704 Mrs. 056 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Nat While at wark ot work 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 22a. SIGNATURE director, page 3 should be filed w DIRECTOR 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) King David Memorial Garden

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) e. IS RESIDENCE ON A FARM? YES NO Year IF UNDER 24 FIRS AGE (In year IF UNDER 1 YEAR lost birthday) Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? USA A6371 67th Ct. Florence Godley Riverdale, Md. INTERVAL BETWEEN ONSET AND DEATH ar attending WAS ANTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 1B.) (City or town) (County) (Stote) Page 4 may be retained by and that death accurred at 1.00MMram causes and an the date stated above. 22b. DATE SIGNED 23d. LOCATION (City or Town) Falls Church 9 SONS WASHINGTON, 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

(i) ...

			4	
	Sm Fresh		speniel updated	
	elph-will	2 days	Dunariv	
	di Ça 17ra			24
in the vote	olles			
	Good 1881 . vol. 35.			
IN AST OF LOTHER	Page 4 or collection	capata ne seg		
eriale v Alexandreit ad				

10 Gu . I

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages—I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any Avert, within 72 hours after death.

08340	CERTIFICATI	E UF DEATH	1	U	3555
1. PLACE DF DEATH Prince			CE (Where deceased lived		ence before admission
Pri/de George	MARYLAND	a. STATE Ma	ryland	. COUNTY Prince	e Georg
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate ilm		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Beltsville		Belts	771110	,,,	,
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	ATTIE	16	e. IS RESIDENC
	mospitally Bitto attroct additions/				ON A FARM?
Garrett Ave			ett Ave		YES NO NO
3. NAME DF First DECEASED	Middle	Last	4. DATE		Day Year
(Type or print) Margar	et Gra	ham	and the same of th		967 19
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9. AGE (In last birt	years IF UNDER 1 YE	
female white WIDOWE		4/16/1888	79	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, of foreign	country) 12. CITIZ COUN	EN OF WHAT
Housewife		Queen Ann	ne Co. Md.	. US	
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
John G. Schaub	er	Theres	sa Minch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10 (Yes, no, or unkown) (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	0	Address	
no		Mary Magn	cogan Gari	rett Ave.	
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c),]	, ,	Be.	ltsville	TERVAL BETWEEN
DART I DEATH WAS SAUSED BY	adoris			0	INSET AND DEATH
TO THE RESERVE OF THE PARTY OF	MUCLUS				7 000
Cenditions, If any, which	robetes,	1111		A 44	8 un
gave rise to immediate	wire pes	mace	Tus		0 7
cause (a), stating the DUE TO					
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	DUTING TO DEATH BUT NOT BELA	TED TO THE TERMINAL P	VECACE CONDITION OF	VEN IN DART 1/a)	9. WAS AUTOPSY
E PARTITIONE CONTRIB	SOTING TO DEATH BUTNUT KELA	JED TO THE TERMINALD	TISEASE CONDITION GI	AEM IM PAKT 1(9)	PERFORMED?
a all all all all all all all all all a	rons. Ate	art to	une		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 2Da. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Pa	art II of Item 18.)	
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fary, street, office bldg., e	orm, 20f. (City or to	own) (County)	(State)
Hour a.m. While p.m. 19 at wo	a La Mot Mulle La	ry, street, onice bidg., e	16.)	,	
21. I certify that (I) (this hospital) atten		March 11	962 to 61	12 1067	that (I) (we) las
saw the deceased alive on	1 2 19 6 2 and that	-			
22a. SIGNATURE	13 or and mat		Z I III, ITOITI LIIC OI		SIGNEQ
Thum The	ues . M.D	ATTENDING A	MED. STAFF		3/17
Aze. PHYSICIAN'S	M.D	1 22d. ADDRESS	JIKECTOR PHTS.		2/6
NAME (Type) Frank Weave	er //	Laure]	L, Md.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 6/15/67	Crumpton Co	em.	Crumpto	on, Md.	
24. FUNERAL DIRECTOR	ADDRESS			5b. REGISTRAR'S S	GNATURE
Jelillas 1000	Chestertow	m, Md HIN	1 6 1967	Thanks &	udge
		1 4 4 11			

1/65 A.15

	ranner de la grande de la grand
	02520
and the same of th	SECOND MANY
	virth south
	The state of the s
See	
Andrew State of the State of th	
	March Committee of the
A THE RESERVE OF THE PARTY OF T	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. AME OF DECEASED PURPOSE AND A COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH Doy Year DECEASED (Itype or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH S. DAJE OF BIRTH Doy Year DIVORCE S. DAJE OF BIRTH S. DAJ		08571		CERTIFICATE	OF DEATH		08569	
The Record of Hospital QR INSIGNITION (If not in bospital) we street oddrags of the Street Address Silver Spring of Street Address Spring Office Add	(o. COUNTY PRINCE	Deorges	MARYLAND	o. STATE MA	EY/ANd b. COUNT	lontgomery	
S. MAN EOR Fift Middle Corporation Conditions, if ony, which gove rise to immediate couse (a). State Conditions, if ony, which gove rise to immediate couse (a). State Conditions, if ony, which gove rise to immediate couse (a). State Conditions, if ony, which gove rise to immediate couse (a). State Conditions, if ony, which gove rise to immediate couse (a). State Conditions, if ony, which gove rise to immediate couse (b). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gove rise to immediate couse (c). State Conditions, if ony, which gov		write RURAL and give mearen o	wn)	Months	XXXXXXX	Silver Sprin	15.2	ICE M2
DECASE OF DEATH (First only one couse per line for (a), (b), ond (c)) S. ASSE CONTRIBUTIONS, If only winds of course (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c). DEATH S. AS DECEASED OF THE MUSIC ACCURRED. (b) DESCRIBE HOW INJURY OCCURRED. (c) DESCRIBE HOW INJURY OCCURRED. (d) DESCRIBE HOW INJURY OCCURRE	H	YATTSOITE NUM		4	309900 SM	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	× 5 YES NO	
The property of the property		DECEASED	eteude		7 1	OF /	24 196	7
INDUSTRY COUNTRY COU		Female Care	WIDOWED	DIVORCED 7	121/1886	last birthday)	Months Doys Hours	HRS. Min.
18. CAUSE OF DEATH (Enter only one couse per line for (a)_ (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a)_ (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a)_ (b), and (c).) 19. Canditions, if any, which gove is to immediate cause (a), stoting the underlying couse (b) 19. Canditions of injury in pert 1. Death was constituted by the country of the coun	duri	ing mast af working life, even if retire	d) INDUSTRY	me	Patchoque.	Suffelt n. V.	COUNTRY?	
Test no. or unknown) (If yes give wor or dotes of service) Yes Lloyd B. Green, Son 32985udlersville So.		John 1	FURMAN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR TO THE TERMINAL DISEASE CONDITION GO			or dotes of service)		100	6	Lautel, Ma.	
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. DUE TO		PART I. DEATH WAS CAUSED	BY:	1 1 1	CART +	TILURE	INTERVAL BETWE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORME YES NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING COURSED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED While Not While of work of the of work of the otwork of two work		Canditions, if ony, which gove	(b) DENE	244260	ARTERIC	os Cleros	5 5 YEA.	25
PERFORME YES N 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 ONO While of work of twork of two twork of two twork of two twork of two		stoting the underlying couse	DUE 10 + COR	ONARY :	ATHEROS	TCLE 2051	s 5 yes	-
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED while of work of a work of wore of work of wore	CATION	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO	y V
21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 19		OR CONTRIBUTING CAUSE OF DEA	TH	W INJURY OCCURRED. (En	ter nature of injury in Por	t I ar Port II af item 18.)		
saw the deceased alive an 196, and that death accurred at 5. M, from causes and on the date stated 220. SIGNATURE 321. ATTENDING PHYS. DIRECTOR PHYS. DIRE	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work o							
22c. PHYSICIAN'S NAME (Type) L.B. Snow, M.D. ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR DI			ris hospital) attended the	deceased fram 19 6 2, and that d	eath accurred at 6		, 195, that (1) (we and on the date stated a) las ibove
NAME (Type) L.B. Snow, M.D. 7950 New Hampshire Ave., Silver Sprin			J35n	ow NO.	PHYS. DIF		22h DATE SIGNED	
	51		row, M.D.			ampshire Ave.	, Silver Spring	2
PEMOVAI (Specify)	230	BURIAL, CREMATION, 23b.					4	e)
24. FUNERAL DIRECTOR) ohn B. Thomas that MADDRESS Md 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	24	FUNERAL DIRECTOR John R	Thomas that she	ADDRESSED Md.	2Sa. REC'D B	Y REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefal director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death

DUTCH AND THE CHORES IN THE THIRD NOTE HE WISSEN THE BUSINESS AND ADVISOR. the Alfanta Santa Santa Santa Santa Ment of the Commence of the Co TELL STATE OF THE PARTY. and the same of the second Softe I face out her with 1771 Tay Hangeline Fee, Sidney Seeing The state of the s MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08572	CERTIFICATE	OF DEATH	08570
a. COUNTY A. COUNTY PRINCE GRORGES	MARYLAND	8024 36	COUNTY P.G.
b. CITY OR TOWN (If autside corporate limits, write RURAL ond give neorest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside copporate dimits, write	Md. 16.1
REGENT NURSING	hospitol, give street address) A ROHAB. CONTER	d. STREET ADDRESS 7420 MARIBORO A	e. IS RESIDENCE ON A FARM? YES \(\sqrt{NO} \)
3. NAME OF DECEASED (Type or print) HIARY	Middle	GROSS OF DEATH	Manth Day Year 12 1967
100	MARRIED NEVER MARRIED	8. DATE OF BIRTH Sept 1892 9. AGE (In yeo lost birthdo	
10o. USUAL OCCUPATION (Ĝive kind of work done during mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? U. SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give wor or dates of serv		INFORMANT	Address
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSE (o) DUE TO		accordatory coll	INTERVAL BETWEEN ONSET AND DEATH
(b) Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last.	belagenry Fi	bacsis & ASH.D.	6-12-67
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18	3.)
20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work	ICE OF INJURY (Home, form, tory, street, office bldg., etc.)	n) (Caunty) (Stote)
21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased from	5-23- , 1962, ta 6- it death accurred at 0.500 AM, from cau	
22a. SIGNATURE 22c. PHYSICIAN'S NAME(Type)	Lecery (M.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE SIGNED 6-12-67
230. BURIAL CREMATION, 23b. DATE THEREOF 23b. PATE THEREOF 23b. DATE THEREOF	6/ HARMONY ADDRESS	CEMETERY HIGHE	ALD FAIRE MD

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 cad 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Maryland Pr. Geo. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2723--Kenhill Dr 2723--Kenhil ND K NAME OF First DATE Middle 4. Year DECEASED OF ESLIE (Type or print) DEATH JUNE 19 6. CDLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I WIDOWED DIVORCED 22-1912 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Pa. Retired Dept. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Unknown Eva 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mary H. Grugan Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

ORONARY ATHEROSCLEBOTIC Conditions, If any, which rise to immediate DUE TD cause (a), stating 3 A CUTE PREVIOUS OCCLUSIONS underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20d. INJURY OCCURRED 20f. (City or town)

20c. TIME DF INJURY Month, Day, Year Hour a.m.

Not While at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

DATE

(County)

(State)

YES

WAS AUTDPSY

PERFORMED?

NO [

21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 13R.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE

PHYSICIAN'S

June

ATTENDING

MED. DIRECTOR ADDRESS

BURIAL, CREMATION, 23b. DATE THEREDF REMDVAL (Specify)

NAME (Type)

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

(State)

Buria FUNERAL DIRECTOR Cedar Hill Cemetery ADDRESS

Suitland. PAN REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

0

funeral and 2

the

E

filled

completely carbon

by the Pages

after-dea

papers. Page hin 72 hours a

event,

any and

E

and

transit permit.

p

signed

peen

burial-transit burial, cremat

the l

CERTIFICATION

as

use Health certificate

0

I be detached State Dept. of this

3 sho

page filed

director, p

should be

DIRECTOR:

гетоуе

00 within

death.

after

hours

within

executed

certificate

death

requires that the

The law

PHYSICIAN:

retained

be

O HOSPITAL FUNERAL

physician.

the court of the c BITTER SOLD TO YEAR TOO HERE OF TARESTON OF THE VIEW ORDS TO SERVER. CALIFORNIA PLANTE PREMARE DE MENTE LA PRINCIPA DE LA PRINCIPA DEL PRINCIPA DEL PRINCIPA DE LA PRINCIPA DEL PRINCIPA DEL PRINCIPA DE LA PRINCIPA DEL PRIN TAM A TAME OF THE PARTY OF THE TAND OF THE PROPERTY OF THE PR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH deoth. puo era PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY b. COUNTY Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag 23 days Cheverly Forestville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? completely filled in love carbon papers. d STREET ADDRESS Prince George's General Hospital YES NO 7699 /Walters Ave NAME OF Lost 4. DATE Month DECEASED (Type or pnnt) William DEATH Gue event June IF UNDER 1 YEAR S SEX AGE (in years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** remove lost birthdoy) Months Hours ond in ony WIDOWED DIVORCED Male Cauc 3 - 11 - 251Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician on please U.S. GOVERNMENT COUNTRY? MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol DASY JOHNSON JOHN J. GUE attending preservit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service 10 YES BERTHA I. GUE SAME AS # 2 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-tronsit burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO nalnutretin Conditions, if ony, which gove rise to immediate couse (a), DUF TO has been s se as the t th priar to b stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) avol YES AT this certificate 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm (City or town) (County) MEDI Hour o.m. factory, street, office bldg., etc.) Not While of work ot work O FUNERAL DIRECTOR: After 67 ta 6-10 19 6 /, that (1) (3635 last 21. I certify that (I) (think ice with all attended the deceased from should ith the 67, and that death accurred 11:55AM, from causes and on the date stated above. saw the deceased alive an 19 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR June 11, 1967 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (T John H. Bayly. 1835 EYE Street, Washington, D.C. director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 6/14/67 WASHINGTON NATIONAL PRINCE GEORGES, MARYLAND 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR

NO

(Stote)

1967

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or offending by the hospital be retoined

25M 1/67

MARKET TO ELECTIVE

Highwal Lanks Andrews and the source of the

Prince George; Louerel Hospical 1999 Matters Ave.

Tall of the same to the same t

the street of the second

Section 10 01-0 Contract Contr

Tolen H. Bawle, C. 1831 EVE Street, Vesnington, L.C.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02573

. 2 .			0857	5		CERTI	FICALE	OF DEATH				10086
that the death certificate be executed within 24 haurs after death an. by the attending physician and completely tilled in by the funeral fransit permit. Then please remove farton papers. Pages and it crematian, ar remaval, and in any event, within 72 hat it stilled gent	/		PLACE OF DEATH	rince Georg	zes	MAI	RYLAND	2. USUAL RESIDENCE (V o. STATE Maryla	Where deceosed li	b COUN		
s ofter				If outside corporate limit give nearest town)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	tside corporote li			
S > 5	X	14	write RURAL one	d give nearest town) heverly		25 day	S	Mitche	llsville		1	10.1
24 har dein bers.	1			AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
n 24 pape	77		Prince	Georges Ge	neral	Hospital		RFD 1	1583			YES NO
within 2	1		NAME OF		rst	Middle		Lost	4. DATE	Month	n Do	
completely to yevent, with yevent, with with winds			Type or print)	Albert	a	s	G	unn	OF DEATH	June	22	19 67
mph ve co		S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH	9. AG	E (In yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
cor nov		Fe	male	Negro	WIDOWED	DIVORC	ED	8 Aug., 1884	4 /8/3	st birthdoy) 82 yrs.	Months Doys	Hours Min.
icate be execut sician and com please remove I, and in any ev	,	100		(Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZEN C COUNTRY	?
e death certificate b attending physician termit. Then please an, ar remaval, and i	-	13.	FATHER'S NAME	Oliver B	ender			14. MDTHER'S MAIDEN				U.S.A.
th certific ling phys Then premayal,					CITOCL							
ding ding		1S. /Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addres	SS	
attendi permit. ian, ar r		,,,,										
iat the a risk per insit p			PART I. DEAT	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	//-	(o), (b), ond (c)-/	ve	Heart	Fai	lare		NTERVAL BETWEEN ONSET AND DEATH
physician. signed by the burial-transit			Conditions, if ony	DUE	10	1.15	_ /	1 to	isclar			3.4
phy phy sign buri		11	rise to immediat	e couse (o),	(b) (C)	43/126	2	177/2010	150100	0)0		
w re ding een the r ta			stoting the under	rlying couse	(c) (2	r Cinn	ma/	10518				
e law tendir ss bee as th priar		2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT R	ELATED TO T	THE TERMINAL DISEASE COM	DITION GIVEN IN	PART 1(o)	19	P. WAS AUTOPSY PERFORMED?
r The at	-1	ATIO	ANT	hvitis							0.73	YES NO
PHYSICIAN e haspital c his certificat stached far Dept. of Hec		CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. OE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II o	f item 18.)		
haspii is certi ached		MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year	20d. II	NJURY OCCURRED		CE OF INJURY (Home, farm		y or town)	(County)	(Stote)
Pt tpa		MED	Hour o.r	10	While of world		focto	ory, street, office bldg., etc.)				
ATTENDIN stained by CTOR: After should be ith the Stat			21. I certi	fy that (1) sthisches	nitel) attend	ded the deceased	from_1	May 28, , 1 death accurred at	9 67 3 19 1	une 22	, 19 <u>67</u> , t	that (I) (100) lo
OR:				eceased alive an_c	2/2	1968	Zand that	death accurred at	, , , M, TH	om causes o		
* = H ≥			220. SIGNATURE	Der C	1	1000	10 40	ATTENDING	MED.	STAFF -	22b. OATE SIG	
ral or lay be a page 3 page 3 e filed v			22c. PHYSICIAN'S	my 4	·Le	sise,	D M.O	D. PHYS. 22d. ADDRESS	OIRECTOR L	PHYS.	June 2	2, 1967
Page 4 may 10 FUNERAL I director, page should be fill	1		NAME (Type	ienry A. Wi	se, Jr	, M. D.		149 9th S1	treet, B	owie, l	Maryland	
O HOSPIT Page 4 m O FUNERA director, shauld be	^	230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CE				ON (City or Tow		ty) (Stote)
5	1		BUFIO	NUNE.	24 1967		1 1816.1	PAR KON REC'I	CHAF	EL C	GISTRAR'S SIGNAL	MD.
	WV	24	. PUNEKAL DIKECTO	K .		ADDRESS	12	250 RECT	J BT KEGISIKAR	1 23D, REC	SISTRAR S SIGNAL	JKE

DATITIN 2

v[rsvad]

Panale servo

Trings Coorest 1

Partyland Paner Dance

The second secon

Hay 25 on Dade 10 of yall

Cort St amus C - 1967

Indica Forest America Language Scale 1

8 Aug., 1881 83

Henry A. Mine, Dr., M. D. A. 159 Stit Stynet, Howle, Marriland

BERTHON DESCRIPTION TO THE REAL PROPERTY OF THE PARTY OF THE PER

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ď	1. F	PLACE OF DEATH	2. USUAL RESIDENCE (Where decassed lived, If institution: R.	asidance before edmission)
1		WHAT O GENERS MARYLAND	. STATE Md Poruce 6	DINGER
ŀ		b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
·ł	T	write RURAL and give nagrest town)	11 16-11 -11	
	1	Jural - Mitchellintle 66th	11/10/0/1/0/1/0	61
4	d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1	X	trano,	1941 Charle Ruad	YES NO
	3	NAME OF First A Middle	Last 4. DATE Month	Day Year
4	1	DECEASED /	OF	100
1	((Type or print) TIGHES /thm G	FUI DEATH YINE 2	196/
-1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (in yeers IF UNDER 1'	
1	1-	-empla // Occa/ WIDOWED DIVORCED TO C	2012 1882 Syrs. Months C	Pays Hours Min.
1			Y M. BIRTHPLACE (County & State, or togetign country) 12. CITI	ZEN OF WHAT COUNTRY?
1	don	ne puriog most of working life even if retirad)	PG Md	15
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	15		1 1 4 6 0 1	- X
		James Telcher	FIZZBEIN HEND	any
-1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
1	1	213-50-2128-	ane E Conlee	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (f).]		INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY:	Scular Hoodon	ONSET AND DEATH
4		IMMEDIATE CAUSE (a)	segrar //coluent	77
1		33/X DUE TO		11.
		Conditions, if any, which (b)	0)	10/12
П		gava rise to immediate cause (a), stating the undarlying DUE TO	1	0/.
1		cause last. () (8. almera/12ed	AMPRIOSCIENOSIS	10 /ne
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
2	5			YES NO -
,	5	20. ACCIDENT WAS UNDERLYING II		I II NO
	2	OR CONTRIBUTING CAUSE OF DEATH	D. (Entar nature of injury in Part I or Part II of itam 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	WEDICAL	fact.	CE OF INJURY (Homa, farm, 20f. (City or town) (Cour	nty) (Stata)
	VED	Hour a.m. While Not While racro	ory, sireal, office orag., etc.,	
		p.m. 0	Ma 50 10 10/37/1900	11 -4 (1) () 1-4
		21. I certify that (I) (this hospital) attended the deceased from		, that (I) (we) last
		saw the deceased alive on, and that	death occurred A.P.M., from the causes and on the	the state of the s
		22a SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
		Altony allesse WM.	.D. PHYS. DIRECTOR PHYS.	
9		22c. PHYSICIAN'S NAME (Type)	22d_ADDRESS	19
1		Pregry H. VVISE &	Y BOWIE MARYLAND	
1	23a	. PORIAD CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 230. LOCATION (City, town or county) (State)
1		REMOVAL (Specify)	n Bourse	wood
	-	PLINEDAL DIRECTOR'S SIGNATURE	2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	ICNATURE
	124	FUNERAL DIRECTOR'S SIGNATURE S. WAShington 4925 Denne ME		2 Judge
	-		IDATE UL 3 1967 garano	0

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT: 2, one PM3. Page Examiner's Office along with form Item 18. Give Pages 1, the certificate, writing the word "pending" is buriol-tronsit LICAL EXAMINER: This certificate should be .⊆ 0

3 should be used removol, cremotion, or

PLACE OF DEATH o. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, MARYLAND c. LENGTH OF STAY IN 1b. write RURAL and give nearest tawn) Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hospital NAME OF Middle DECEASED (Type or pnnt) Paul S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Owner - Hdwe Store Retired 13. FATHER'S NAME Frederick M. Haas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 578-10-1771 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Heart failure Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Chronic gout - known over 20 years. 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. Not While moy be retoined far your FUNERAL DIRECTOR: Page at work ot work deoth resulted from: Natural causes x / Accident 5 moy be retoine TO FUNERAL DIRE Health prior to b ACTUAL SIGNATURE Kehoe, M.D. John Riverdale, Md. NAME (Type) 230. BURIAL, CREMATION.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hvattsville e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Apt. 103 YES NO TO Queens Chapel Road 4 DATE Lost DEATH Haas 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH lost birthdoy) Months 18 June 1895 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** Maryland
14. MOTHER'S MAIDEN NAME Adeline E. Daly 17. INFORMANT Mrs.Frederica P.Haas (above address (Wife) INTERVAL BETWEEN ONSET AND DEATH DUE TO Arteriosclerotic heart disease unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry , Inspection ____, and in my opinion Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Rock Creek Cemetery Wash. D.C. ADDRESSMt Rainier 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Maryland DATELLIN 10 4007 Home Inc Ochanles y

VR A15ME (5) 6M 1/67

funeral director.

the f

salar i Germana men il - Livo a Seguito

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0857	8		CERTIF	ICATE	OF DEATH		USI) (0	
	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if in b.	stitution: Resident	e before odmission)	
		nce Georges		MARY	/LAND	Mary1	and P	rince G	entres	
b	b. CITY OR TOWN (If outside corporate limit give nearest tawn)	s,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If o	utside carporate limits, writ	e RURAL ond give	nearest town)	
		verly		15 da	VS	Washi	ngton, D.C.	20028	16.1	
C	d. NAME OF HOSPIT	AL OR INSTITUTION (If no Georges Ger		give street oddress)		d. STREET ADDRESS	Marlboro Pik	e S.E.	e. IS RESIDEN ON A FARM YES NO	M? _
	NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Month	Ooy Year	
	(Type or print)	Lame	2	E		Hall	DEATH	Tune 2	5 1967	1
5. 5		6. COLOR OR RACE	7. MARRIEO : WIDOWED				9. AGE (In year lost birthdo			Min.
M	ale	White (Give kind of work done	Table Ma	ND OF BUSINESS OR	20	20 July 1	913 53 Y & Stote, or foreign country)		IZEN OF WHAT	
duri	ing most of working	l (Give kind of work done life, even if retired) Priver	IN Oto	DUSTRY m Cab		Washingto			UNTRY?	
13	FATHER'S NAME	river				14. MOTHER'S MAIDEN				
10.		U-11				Annie S.	Doon			
10	James E.	R IN U.S. ARMED FORCES?	1 14 (SOCIAL SECURITY NO.	17 10	FORMANT		Address		
(Ye	is, no, or unknown)	(If yes give wor or dotes		SOCIAL SECURITI NO.	-		640		rood Drive	0
					Jam	es F. Hall	300	nton, Me		
		EATH (Enter only one co	use per line for	(o), (b), ond (c).)				Trong Me		EN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	HE PA	7/	c col	4 A		30NSET AND DEA	5
	5811		TO			100			20.1	
	Conditions, if ony		(b) L	IVER	C.	RKHO	1515		SYEA	IRS
	rise to immediat		10	V						
	stoting the unde	rlying couse	(c) PO01	R NUTRI	TIO	N-AL	COHOLIS M		10-15 NE	FAR
TION	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPS PERFORMED YES NO	?
CERTIFICATION		S UNOERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURREO. (Enter noture of injury in	Port I or Port II of item 1	B.)		
MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Ooy, Yeor m. m. 19	20d. If While of work			E OF INJURY (Home, far ry, street, office bldg., etc		rn) (Coi	unty) (Sto	ote)
		fy that (I) (this ha		ded the deceosed	from_G		1967, to 6-2			
		eceased olive on_	6-24	19.01,	ona mai	deoin occurred &	,15AMM, from cou			bove
	220. SIGNATURE	Steen (Hu	ca 44	M.D	I col conserv	MEO. STAFF PHYS.		ATE SIGNED 67	1
	22c. PHYSICIAN'S NAME (Type		C051	MA, K	1. D.	32 33 SC		BOWIE,	MARYLA	NE
230	BURIAL, CREMATI REMOVAL (Specify		1967	23c. NAME OF CEM		REMATORY Detional	23d. LOCATION (City		(County) (Stot	te)
	Burial		137701		COII 9		Suitland			
24	A. FUNERAL DIRECTO	DVA-UN-		AODRESS				b. REGISTRAR'S S		
5	Simmons I	Bros. 1661-	Gd. Hor	Rd. SE.	Wash	DC OATE	TIN 2 7 1997	Telias	yes Judge	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

The Break and the state of the

TOTAL TELEVISION TERMINATED AND STATE STREET, MANY OF THE STREET,

				27280
thee Dealest	t - Ind	- (*e)		Approvide pools
	O.T. inight		no či	
ET NEW YORK	dariboro Pila	5504	a designal deci	Brince Common Com
.V0	4	THE PERSON	A AR A	- Miles
	1910 33	*** **** ****		et de pi
	•	开 5 年 1	Sec 110	140 × 2
CYMETT				
		Herman		
	1 1 261.5			
X3 03 5 3				A 5.
	7 4 7 34A	ATT TO THE REAL PROPERTY.		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

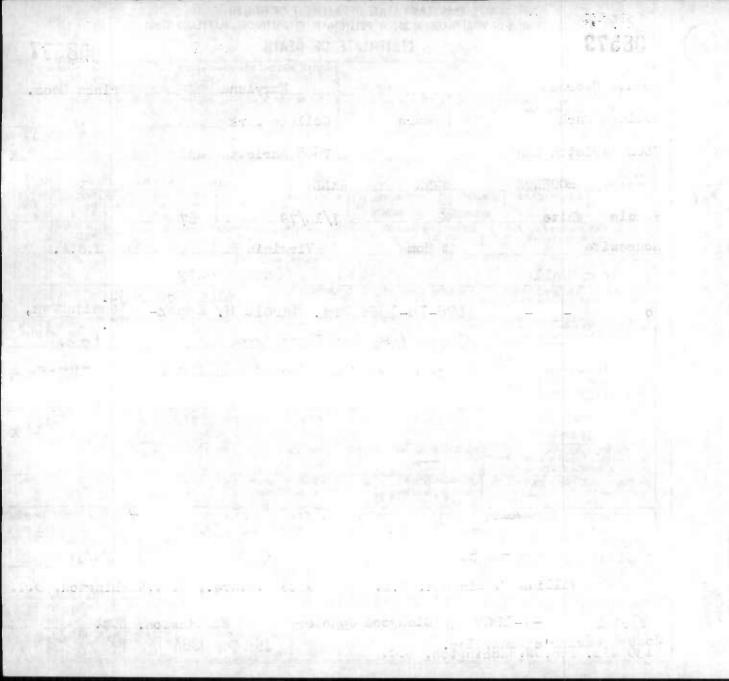
08573

CEDTICICATE OF DEATH

mpletely filled in by the funeral e.carban papers. Pages I and event, within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then please remishauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

000.0	CERTIFICATE	OI DLAIII		118574
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institu	tion: Residence before odmission)
Prince Georges	MARYLAND	o. STATE	b. COU	NTY
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	Mary.	Land Itside corporote limits, write RU	Prince Geos.
write RURAL and give negrest town)		C. CITT OK TOWN (III OL	itside corporote ilitiits, write ku	KAL ONG GIVE NEGLEST TOWN)
College Park	Years	College Pa	ark	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7608 Marietta Lane		7608 Marie	atta Jane	YES NO T
3. NAME OF First	Middle	Lost	4. DATE Mon	th Doy Year
DECEASED (Type or print) ROBERTA	ANNE H	TATA	OF DEATH JUY	e 4 1967
S. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
THE RESERVE TO THE PARTY OF THE		-1-1	lost birthdoy)	Months Doys Hours Min.
TOWNSTO WITTOO	Ob. KIND OF BUSINESS OR	7/16/79	87 yrs.	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	II. BIRTHPLACE (County	& State, or foreign country)	COUNTRY?
Housewife	At Home	Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	444	
John Hall		Lev:	ina Roby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	4100 Dewas	ess C+
(Yes, no, or unknown) (If yes give wor or dotes of service)	578-18-1664 M	ne Hanol		Kengington
18. CAUSE OF DEATH (Enter only one couse per lin		T.B TIST.OT	d II. Dacolla	Kensington, Md. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		art le 1		ONSET AND DEATH
IMMEDIATE CAUSE (o)	Congestike her	art failui	~	2 mes
DUE TO	Arterioscleration	. 6 +	- 1:1:00	
Conditions, if ony, which gove (b)	Tr Kriuschen Ti	c nearl	aisease	undetern
stoting the underlying couse DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
none_				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200 CONTRIBUTING CAUSE OF DEATH (IF EITHER DATIFE MERCICAL EXAMPLED)	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)	
OR CONTRIBUTING □ CAUSE OF DEATH		terror resort of many me	10011011011101110111101111011	
	and infline occupants	CT OF INTUINE (II)	1 001 (6:1	(5)
Hour o.m.		CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote)
₹ p.m. 19 o	of work of work			
21. I certify that (I) (this haspital) o	ttended, the deceased from	Feb ,1	952, to June	4, 19(2), that (1) (we) lo
saw the deceased alive on Jun	e 4 1967, and that	t death occurred at	3 PM, fram causes	and on the dote stoted abov
22g SIGNATURE				22b. DATE SIGNED
+ arulen of from	m.c	D. PHYS.	MED. DIRECTOR PHYS.	6/5/67
22c. PHYSICIAN'S		22d. ADDRESS	7(1)3.	- 0/)/ 0/
NAME (Type) William F. Si	impson. M.D.	6216 N.F	I.Ave., N.E.,	Washington. D.C.
	23c. NAME OF CEMETERY OR		23d. LOCATION (City of To	
REMOVAL (Specify) 6-7-1967	Glenwood Ce		Washington	D.C.
Joseph Gawler's Sons, 5130 Wis. Ave, NW, Washi	ADDRESS		BY REGISTRAR 2Sb. RI	GISTRAR'S SIGNATURE
5130 Wis. Ave, NW, Washi	ngton, D.C.	DATE	N 7 1961 4	0



and 3 to

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

This certificate should be executed within 24 hours after deoth.

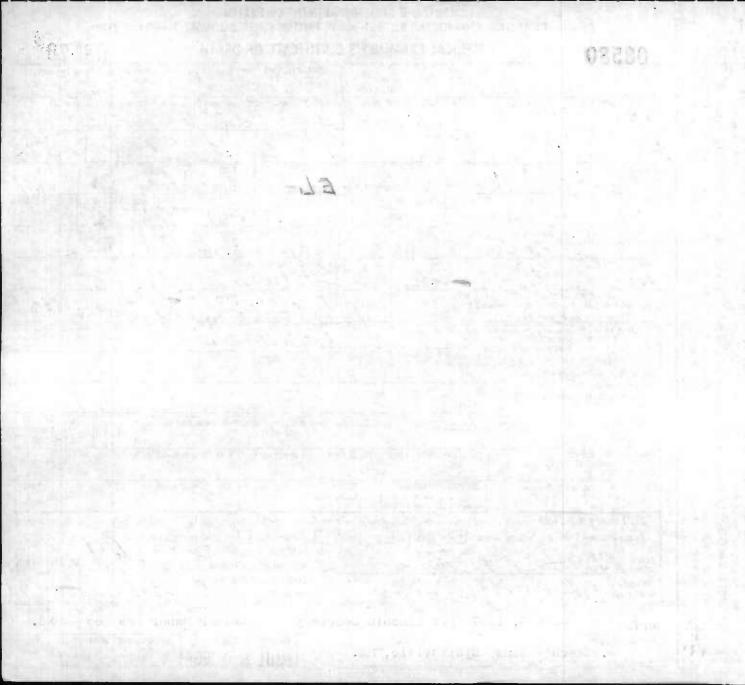
TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

23×1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08580	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08578
	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institute o. STATE) b. COU	
	Fruce Ge	MARYLAND MARYLAND	Mayan	In see
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUI	RAL and give nearest town)
-	colair	1202	d. STREET ADDRESS 2	L o IC DECIDENCE
0	d NAME OF HOSPITAL OR INSTITUTION (If not in	Here	14F Lourel Hell	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	NAME OF DECEASED (Type or print)	FLL J HA M	E G DEATH QUE	
S.	10	MARRIED NEVER MARRIED VIDOWED DIVORCED	DAIL UF BIRTH 9. AGE (In years lost birthdoy) 7. Yrs.	Months Doys Hours Min.
10o dur	. USUAL OCCUPATION (Give kind of work done ing most of working lite even if retires)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		A MOTHER'S MAIDEN NAME	I COA
-	Harry Hon	nonel	to the leen In 10	1 oes
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? us, no, or unknown) (If yes give wor or dates of ser	vice) 16. SOCIAL SECURITY NO. 17.	NFORMANT GERRY HOME Address	Gunbeltry
	18. CAUSE OF DEATH (Enter only one couse p	er line for (a), (b), and (c).)	1 : (6 =)	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ~	mumon	Aus (SDIT)	ONSET AND DEATH
	ATA DUE TO			
	Conditions, if ony, which gove rise to immediate couse (a), DUE TO			
	stoting the underlying couse			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	139 10
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. p.m. 19		ZE OF INJURY (Home, form, 20f. (City or town) ory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I took charge af	the remains described above, he	ld an Autopsy 📉 , Inspection 🖈 , Inqu	uiry and in my apinian
	death resulted from: Natural co	ouses 🖟 Accident 🗌, Suici	ide 🔲, Hamicide 🔲, Undetermined m	anner 1
	ACTUAL SIGNATURE Daton ON	rattems	CHIEF MEDICAL EXAMINER	8 amajisti Signed
	EXAMINER'S DAYTONO	MATKINS	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	adenstury not
	BURIAL CREMATION, 23b. DATE THEREO ULY 3, 1			Pro Geo Md.
24	FUNERAL DIRECTOR	ADDRESS Hypotherillo Md	- 1100	GISTRAR'S SIGNATURE
	F. Gasch's Sons	Hyattsville, Md.	DA#UL 5 1967 / 10	lianles Judge



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

00

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH DOKO4

02570 on)

1 by som on any many	a victive prompting (M/L., t.,) like t 16 leathering	Destatement before a de testant
	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence Defore admission)
e. COUNTY Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Pr	e Geois
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL an	d giva naarest town)
Mitchellville Life	Mitchellville	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Governor's House Road	Governor's House Road	YES NO
B. NAME OF First Middle	Last 4. DATE Month	Day Year
(Typa or print) Danche Hyatt A		20 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. C	DATE OF BIRTH . 9. ASE (In years IF UNDER	
Female White WIDOWED X DIVORCED An	ril 16. 1882 last birthday Months	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT COUNTRY?
Housewife Own Home	Maryland	J. S. A.
	4. MOTHER'S MAIDEN NAME	
Christopher Clark Hyatt	Nancy Higgins Peach	
	FORMANT . Address	
(Yes no or unknown) [(Ifves give war or dates of service)	220 11- 3-	vard Bldng
No Mr. 0 M	F.Belt, Esquire Washington	D.C. 2005
PART I, DEATH WAS CAUSED BY:	14 0 11 1	ONSET AND DEATH
IMMEDIATE CAUSE (a) I emplesal len	culator Collapse	30 min
4500 DUE TO 4	1	40-
Conditions, if any, which) by knewaleged (In)	Gronlevous, severe	1000
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last. (c)		
TARREST CONTRACTOR CONTRACTOR CONTRACTOR TO PER THE BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I		YES NO Z
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	OF INJURY (Home, farm, 20f, (City or town) (Co.	unty) (Stata)
f	y, street, office bldg., etc.)	1117) (31616)
Hour a.m. While Not While at work at work		
21. 1 certify that (I) (this hospital) attended the deceased from	Mar 1929, 10 20 June, 19	67, that (I) (we) las
saw the deceased alive on 20 Jane 1967, and that d	death occured at 3.32.M, from the causes and on	the date stated above
22a. SIGNATURE		22b. DATE
(KA2/ tassed M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	ine 20.1967
27c PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Robert B. Sasscer, M. D.	Upper Marlboro, Marylan	nd 20870
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	R CREMATORY 23d. LOCATION (City, town or coun	ty) (State)

TO HOSPITAL VR A15 (4) 1SM 9/60

Burial 6/22/67
24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Mt. Oak Cemetery

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1967

Md.

Mitchellville

Ritchie Bros. Upper Marlboro, Md.

Prince Georgea Mitchellville bile

Covernor's Couse Poad Governor's Louise Road

Blanche HYSTE HAMITON June

remale Mire X April 16, 1882 65

Lougewild Con Lone Maryl und

deri Hyatt Jane Hyatt

Dire Live .

- FilvElamodik

Mr.O.F.Belt, Baquirenessington, D.C. 2005

War from Chronism Collapse Loursbyel Coteronbury, some

June 20.1957

Fr. Geola

U. S. L.

Robert B. Sassoer, M. D. Upper Marlooro, Raryland 20070

Sarial 6/22/57 at. Comptery Michellyille Md.

Riccale Pros. Upper Marlboro, Md.

F	Q4	45		V	E	
E	414	T)	D	E	PT	0
12	10	900	2	tat		
Dela	nd 3	3. P		men		
2	2,0	PM		part	ſ	
-	-	EJ	1	De De		6
=	age	Ž		State		
oe	Ver	X		the		
dire	- necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages, 1, 2, and 3 to	along		with	Health priar to burial, crematian, or removal, and in any event within 72 hours after death.	
SINE	m	fice		nd 2	Jeat	
4 0	n Ite	s Of		s Ja	fter (
JII 7	10	iner		age	rs al	
W	per	xam		lie	hou	
Jred	E	cal		mit.	n 72	
exec	ndin	Med		peri	with	
De	pe,	nief		ansit	ent	
duid	word	he C		ial-tr	N ev	
SU	he	t DI		bur	in ai	
Car	ing 1	ded		ds q	puc	
er III	writ	rwar		sed	/al,	
nIS (ate,	e fa		be u	emo	
	rtific	q pi		ping	0 7	
NE	e ce	shar	files	3 sho	ign,	
AM	e th	e 4	JUD.	age	ema	
127	cecul	Pag	far)	R:P	al, cr	
NCA NCA	(e e)	ctar.	peu	ECTO	buric	
ME	pleas	dire	etair	0 K	r to	
110	Juy,	neral	pe I	RAL	prid	
DEF	cesso	e fur	5 may be retained far yaur files.	FUN	alth	1
2	ne	ŧ	5	0	He	N
	V	R A	154	AE	(5)	V
		R A	(15A A 1/	67	1-1	1

Items 18&21 Film 393 MARYLAND STATE DEP 10-23-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTO		
08582 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08580
1. PLACE OF DEATH o. COUNTY Prince George s MARYLAND b. CITY OR TOWN (Il outside corporate limits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed lived, il institution: Reside o. STATE b. COUNTY Maryland Prince Geo	orge's
write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Lanham /G	e. IS RESIDENCE ON A FARM?
Prince George General Hospital	5405 85th. Ave., Apt. 1	YES NO EX
(Yes, no, or unknown) (If yes give wor or dotes of service) 621820376 7	25 Nov. 1924 lost birthdoy) Months 11. BIRTHPLACE (Stote or foreign country) 12.	Doy Year 9 19 67 R I YEAR IF UNDER 24 HRS. Doys Hours Min. CITIZEN OF WHAT OUNTRY? INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	atty Cirrhosis of liver	19. WAS AUTOPSY PERFORMED? YES 178 NO
PRIMARY OF CONTRIBUTING C	(Enter nature of injury in Port I or Port II of item 1B.)	113 29 NO _
	ACE OF INJURY (Home, Torm, tory, street, office bldg., etc.) 2Df. (City or town) (C	County) (State)
21. I certify that I taak charge of the remains described obave, h death resulted fram: Natural causes , Accident , Sui ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, M.	icide, Hamicide, Undetermined manner [CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR BORN 10-16-1967 FORT LINCOLOR ADDRESS W. W. CHAMBERS GO. RIVERDALE	0	(County) (Stote)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

YES NO X

Year

1967

Haurs

ONSET AND DEATH

PERFORMED?

Villarles

NO 🖂

(State)

08581 5-0432 o to the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Prince Georges Mary land b. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 22 hrs Edmonston papers. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 filled Prince Georges General Hospital 5121 Decatur Street carbon 3. NAME OF Middle Lost 4. DATE Manth campletely DECEASED (Type or print) MILDRED (Billie Hancock June 11 DEATH event. NEVER MARRIED AGE (In years 6. COLOR OR RACE 7. MARRIED * 8. DATE OF BIRTH Days birthdoy) Manths in any WIDOWED DIVORCED White Female and 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician (during mast of warking life, even if retired) COUNTRY? and HOUSE KEERER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, BESSIE MARTIA JAMES 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates af service) 6 HFLYA crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ATTENDING PHYSICIAN: The law requires that ardige IMMEDIATE CAUSE (o) DHE TO signed burial, Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause as the has been last. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health p nemia + Hanalto certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth. Dov. Year 20d. INJURY OCCURRED (City or tawn) (County) Nat While factory, street, office bldg., etc.) After at wark at wark 21. I certify that (this hospital) attended the deceased fram June 10, 1967, to June 11, 1967, that (the last saw the deceased alive an June 11, 1967, and that death accurred at 8:200 M, from causes and on the date stated obove. be retained TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE MD. DIRECTOR directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Prince Georgres General Hospital Edwin Jensen M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) MALDEN. KANAWHA W.L CEM. GEORGE S CREEK 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VERDALE

VR A15 (4) 25M 1/67

CHAMBERS

sayr, or santas Prince Person density Hospital . . . 121 Person Marian SILTER CONT. Hencock lime 11. des fir and for of colors of the life of t

MARYLAND STATE DEPARTMENT OF HEALTH

		o oini	- DEI MICHIGAN	. OI HEALI	•	
DIVISION OF VITAL	RECORDS.	301.W.	PRESTON STREE	F. BALTIMORE.	MARYLAND	2120
tem #9 Film	#G389	6/19	67 pc	FATH		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 [tem #9 Film #G389 CERTIFICATE OF DEATH 0858						
Georges	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: o. STATE ORGANICATION b. COUNTY	Residence before admissing			

	0.2584	HICAIL	OI DEATH
1.	PLACE OF DEATH)		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
1	a. COUNTY P. DOR TRANS	MARYLAND	o. STATE Mag. Land b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF ST		c. CITY OR TOWN (If oryside carporate limits, write RURAL and give nearest town)
	write RURAL and give neorest/town)	2	
	Cheverty d'		Glenarden 16-1
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RINCE Georges General 1051	sital	d. STREET ADDRESS 8613 Glenarden Rwy 96. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF First Middle		Lost 4. DAYE Month Day Year
	OECEASED (Type or print) William /		HARRISON DEATH JUNE 9 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male (a) WIDOWED IT DIVO	RCED	2-2-96 71 ATD Vis. Months Doys Hours Min.
10	p. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O	R	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
du	ring most of working life, even if retired INDUSTRY		Maeilla de COUNTRY?
12	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
13	41		-11
	PIENRY HAKRISON		Ellew lillman
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or upknown) (If yes give war ar dotes of service)	0. 17. 11	INFORMANT Drughter Address Stew Base
L	NO -		UDROTHY RAMSON-8621-Leslie Ave mo
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	1	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A MENUE	a.l	mystatichnic sever sever siveres,
	151X DUE TO NA O	4	- Viert . 1 1 1 1
	Conditions, if any, which gove) (b) Waper Las	ter-1	westmal herestruan 2 weeks
	rise to immediate couse (o), stating the underlying cause DUE TO	1	
	last. (c) Gastine in Granting Course	lder.	large, probably malignant.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
CERTIFICATION	TAN II. OTTEN SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATT BUT NOT	KELATED TO T	O PERFORMED?
₹	20- ACCIDENT WAS UNDERLYING TO 201 DESCRIPT HOW INDIVIDUAL	v Occupato /	YES NO
ES	OR CONTRIBUTING □ CAUSE OF DEATH	Y UCCURRED. ((Enter noture of injury in Port I or Port II of item 1B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While		CE OF INJURY (Home, farm, loor, street, affice bldg., etc.) (City or town) (County) (State)
×	p.m. 19 of work of work		6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	21. I certify that (I) (this hospital) ottended the deceas	ed from	6-7- , 19 67, to 6-9-, 19 67, that (1) (we) last
	saw the deceased alive an 6 - 9 - 19 6 7	, and that	t death occurred at 10 59M, fram couses and on the date stated obove.
	220. SIGNATURE		ATTENDING MED. STAFF 22b. DATE SIGNED
	John Muca 1	M.D	D. PHYS. DIRECTOR PHYS. DI 6-10-67
	22c. PHYSICIAN'S	L D	22d. ADDRESS 3233 SUPERIOR LA
	NAME (Type) JOHN COSMA	17.0	BOWIE Mary law 20715
23	o. BURIAT CREMATION, 23b, DATE THEREOF 23c. NAME OF	EMETERY OR C	CREMATORY 23d. LOCATION (City or Jown) (County). (State)
	REMOVAL (Specify) 6-13-67 201	+ Q	livet Washink Rec
2	4. FUNERAL DIRECTOR / ADDRESS	2.0	250. REC'D BY REGISTRAR _ 25b. REGISTRAR'S SIGNATURE
LA	45.11 ashingth 4925 200	ano (1	16 MI JUN 1 4 1967 June 1967
	1 - 100-01-1	01	DAIL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the department ficate be executed within 24 haurs after death funera TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Page 4 may be retained by the hospital or attending physicion.

98637 lime Georges a new lesspiles 2013 Brandon thouse Male all the second to the second All the first the second of the second of the second THE STATE OF THE S

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

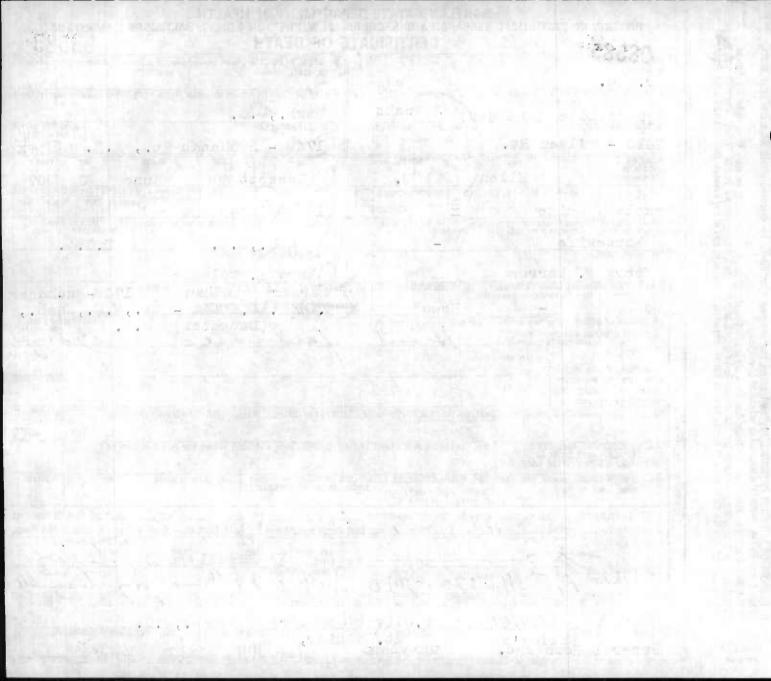
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after depth.

3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2550	5			CLKIII	IUALI	OI DE	ALIL			U	JUUL	-
1.	a. COUNTY	P					2. USUAL RES a. STATE	IDENCE (Who		ed, If Institution b. COUNTY	: Residence	before adr	nission)
-	b. CITY OR TOW	N (If outside corp	orate limi	ts,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If outside	e corporate III	mits, write RUF	RAL and gi	ve nearest	town)
	write RURAL	and give nearest	town)	(he	3 Week	S		,D.C.		4	73		
		SPITAL OR INSTITU			pital, give street	address)	d. STREET ADD					ON A F	DENCE
	7410 -	Tilden	St.	633		90.0	1749	- Buc	hanan	St., 1	I.E.	YES 🗍	
3.	NAME OF DECEASED		First	Maria	Middle	7	Last		OATE OF	Month	Day	Year	
_	(Type or print)		Elle		C.			sett		June	23	196	
5.	SEX	6. COLOR OR RA	CE 7. MA	ARRIED [NEVER MARRIE	D 🔲 8	DATE OF BIRT	TH	9. AGE (III	rthday) Month	ER 1 YEAR	Hours	Min.
	Female	White		DOWED			12/20		82	yrs.			
10a	ring most of work	FION (Give kind of wing life, even if re	rork done	10b. KIN	ID OF BUSINESS O	R	11. BIRTHPLA	CE (County &	State, or foreign	n country) 12	COUNTRY	OF WHAT	
		ewife			-			sh.,D.			U.S.	A	
13	. FATHER'S NAM						14. MOTHER'S	MAIDEN NA	ME				
		W. Barr							oleman				
(Y	es, no, or unkown)	EVER IN U.S. ARME (If yes give war or da	D FORCES?	16. S	OCIAL SECURITY N	0. Mr	INFORMANTER	rt Wi	ndham	Address 17	749-E	ucha	nan
	No	_			Vone		ADS OF DAY	XXXXX	XEXXXX -	St.,1	LE.	Wash	-
	The state of the s	DEATH [Enter only		e per lin	e for (a), (b), and ((c).		/(Dau	ghter)	D.C.	INT	RVAL BET	WEEN EATH
	PART I. Di	EATH WAS CAUSED IMMEDIATE CA			Hear	1	for	Lu	-		3	de	72
	7824		OUE TO				//					0	
	Conditions, if		(b)				U						
	cause (a), s		DUE TO								9		
Z	underlying cau		(c)							West to Dan 1	(0) 110	WAS AU	TODEV
ICATIO	PART II. OTHER:	SIGNIFICANTCONE	DITIONS CO	NTRIBUT	ING TO DEATH BUT	NOTRELA	TED TO THE TERM	IINALDISEAS	E CONDITION G	IVEN IN PART 1		PERFOR	NO-Y
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF TIFY MEDICAL EX	DEATH AMINER)	20b. DE	SCRIBE HOW INJU	JRY OCCU	RRED. (Enter na	ture of Injury	In Part I or I	Part II of Item	18.)		
CAL	20c. TIME OF	INJURY Month, D	ay, Year	20d. IN	JURY OCCURRED		CE OF INJURY (H		20f. (City or	town) ((County)	(S	tate)
MEDICAL	Hour a.		19	While at work	Not While at work	tacto	ry, street, office b	ildg., etc.)		,			
2		fy that (I) (this				from	7/15	1962	to 61	12 19	62 t	hat (I) (w	e) last
		ceased alive on	1	0/1			death occurre						
	22a. SIGNATU			t				//		22b.	DATE SI	GNED/	
	1	- /st	2			→ M.D		MED. DIRECT	OR PHY	S.	6/1	3/1.	>
	22c. PHYSICI	ype) F.E	M	vss	er, M	D	22d. ADDRI 441	ess > 4	da	e /5	de	sai	lle
23	a. BURIAL, CREM	MATION, 23b. DA	ATE THERE	OF	23c. NAME OF C	EMETERY	OR CREMATORY	23	d. LOCATION	(City, town or	county)	(St	ate)
-	Buria	MATION, 23b. DA	27/67		Mt.Oli	vet	Cemeter	y	Wash.	D.C.			
24	4. FUNERAL DIR	FCTOR	yts		ADDRESS	Rai	nier, 25	a. REC'D BY	REGISTRAR	25b. REGISTE	RAR'S SIGI	NATURE	
	Funera		Inc.		Mar yla	and	DA	TE JUN	2 8 196	7 Jel	arles	Just	Le.
-										- 1/		1 0	

VR A15 (4) 15M 4-64



FOR STATE HEALTH DEPT.

DEPUTY ME. EXAMINER: This certificate should be executed within 24 hours after death. If any delay eccessary, please executed executed the state of the state of the state of the state of the chief Medical Examiner's Office along with form PM3. Page 5 may be director. director. Page 4 shoul retained for your files. TO DEPUTY ME

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR ALSME 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COA

	OCKES	MEDICAL E	XAMINER'S	CERTIFICATE	OF DEATH	00104
1.	PLACE OF DEATH				(Where deceased lived, If institut	tion: Residence before admission)
	In Shoul	NA TO	MARYLAND	a. STATE	b. COUNTY	a seo.
	b. CITY OR TOWN (If outside corporate RURAL and give nearest	porate limits, c.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporete limits, write i	RURAL end give nearest town)
1	mondyer	ne nd	DOA	Brond	youne	16.1
	d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hospit	tal, give streat eddress)	STREET ADDRESS	a nation	e. IS RESIDENCE ON A FARM?
	1 rince x	george	somera	Genera	e peterous	YES NO
3.	NAME OF DECEASED (Type or print)	First 0	Middle	HAMIKIA	DATE Month	Dey Year 7
5,	SEX 6. COLOR OR RA	ACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF U	INDER I YEAR IF UNDER 24 HRS.
	FC	WIDOWED	DIVORCED [may 1 194	40 2/ yra.	
	. USUAL OCCUPATION (Give kind of v		OF BUSINESS OR	11. FIRTHPLACE (Stef	e or foreign country)	12, CITIZEN OF WHAT
U	raidress	Kes	Aurons	Brondy	wine	454
13	FATHER'S NAME	thub		14. MOTHER'S MAINTA	NAME OD	
15	NAS DECEASED EVER IN U.S. ARME	TAW 10	IAL SECURITY NO. 17.	INFORMANT	Haddress	I All
	es, no, or unkown) (If yes give war or d		IALSECORITINO. 17.	INTORMANI	' B	The Part of the Pa
=	18. CAUSE OF DEATH [Enter on	ly one cause per line (or (a) (b) and (a)]	aine Hawk	us brond	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSE	DBY: DI	0,00,000	me de	dones:	ONSET AND DEATH
81	522X	DUE TO	CITTOTE	1		
	Conditione, if eny, which }	(b) (A)	use un	Monou	in	
	geve rise to immediate (DUE TO	-			
	underlying cause lest.	(c)				
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	11(e) 19. WAS AUTOPSY PERFORMED?
IFF	20a. EXTERNAL CAUSE WAS	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter nature of In	Jury in Part I or Pert II of It	em 18.)
CER	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	-				
CAL	20c. TIME OF INJURY Month, I		facto	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stata)
MEDI	Hour a.m. p.m.	19 While at work	Not While at work	.,,,		
	21. I certify that I took ch	narge of the remain:	s described above, he	id an Autopsy 📈 🛚 i	inspection , Inquiry	<u></u>
	death resulted from: Nat	turai causes 🔲,	Accident, Su	icide, Homicide		inner belieks
	ACTUAL ON A	DIMIZ	0.	CHIEF MEDICAL E	- n/	Menosphis school
	SIGNATURE	2 y to a	MATTIN	ASSISTANT MEDICAL		offel
	EXAMINER'S NAME (Type)	am	WIGHT		city, town, or county)	10-67
23	a. BURIAL, CREMATION, 23b. D.	ATE THEREOF 2	C NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
17	REMOVAL (Specify)	111/1 4	11 1. 11 12 12 .	. 1 100 /3/ /3		
	Mireal Min	2e 24/67/	Dethel U.11	MIE. Chicem.	J. D. Draudy u	vene, K. D. M.
24	EUNERAL DIRECTOR	re 24/67/7	ADDRESS ADDRESS	25a. REC'D	BY REGISTRARI 255. AEOI	STRAPE SIGNATURE

Md Pasto Brown gras In DOA Browlywine From a Herrica thrown Heneral Delivery MILDRED K HAWKINS SUL Redwood Brondynens USA Mary West Wille well Friend per Blains Hawter Claims Heading Brondywas now Bed annothing the 6-20-6

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e. IS RESIDENCE ON A FARM?

YES NOX

Year

1967

IF UNDER 24 HRS

U.S.A.

WAS AUTOPS PERFORMED?

(County)

22b. DATE SIGNED

240

2Sb. REGISTRAR'S SIGNATURE

(County)

NO

(State)

(State)

IF UNDER 1

YEAR

12. CITIZEN OF WHAT

08587 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Prince Georges Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 9 days Silver Spring Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Eugene Leland Memorial Hospital 735 Sligo Avenue 3. NAME OF First Last Manth DECEASED ROBERT HERR June (Type or print) Car DEATH day ever S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave birthdoy) 2-18-97 White Male WIDOWED KX DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) physician a during most of working life, even if retired) **INDUSTRY** KANDOOKY Ret Steam fitter
13. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME Virginia Griffith Leonard C. Herr 17. INFORMANT 6007 43 rd Street Hyattsville. Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes give wor or dates of service Stanley G. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY emorrhape IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave rise to immediate cause (a) DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) he deceased fram Nov. 11, 1966, ta June 19, 1967, that (1) (we) last 1967, and that death accurred at 102 M, fram causes and an the date stated abave. 21. I certify that (1) (this hospital) attended the deceased from Nov. saw the deceased alive an June 22g SIGNATURE ATTENDING director, page shauld be filed 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Rock Creek Cemetery 1967

requires that the death certificate be executed within 24 haurs after death. signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. **DIRECTOR:** After TO FUNERAL

14.					0.00
1725 C 3 184				=_CC)	
	្នក់ក្	iov.liti	75	01	-6
ox.	they coll		folique fet	.CHS	(E) (E)
P3	June	10294	.0 IR	έ _γ .	
	Γ/.			5 d 2 L	E de 10
(≥ 2 E	م الكوم الكو	10,0	9.5.4	0.5
) winingsi (tien. Jor	TSACC.
,	(i France)		11,000 00 11.0		
25 21			A Carrent		
Ten Sq.		The state of the said	Resident		
	100	First Land			
	1.	1 31 my	The W	7	
			Maria Land	The last	
	and the s	χ		The layer	
	, 3		50		

FOR STATE DEPT necessary, please execute the certificate, writing the word "pending" in pending hem 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examper's Office along with farm PM3. Page haurs after death. If any delay is

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departmenyof Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after death.

VR A15ME (5) 6M 1/67

TO DEPUTY MENCAL EXAMINER: This certificate should be executed within necessary, please execute the certificate, writing the word "pending" in penal

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08588

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08586

B. CITY OR TOWN (If a writer RURAL and go Cheverly d. NAME OF HOSPITAL Prince Geo: 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPATION (Cduring most of cyrking life states) 13. FATHER'S NAME 13. FATHER'S NAME 14. Conditions, if ony, write to immediate a stoting the underly last. PART II. OTHER SIGN 200. EXTERNAL CAUS PRIMARY POR CONTI CAUSE OF DEATH. 201. TIME OF INJURY Hour o.m., 11:10pmm. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) JOI 230. BURIAL, CREMATION, REMOVAL (Specify)				2. USUA	L RESIDENCE	(Where deceosed live	ed, if institution:	Residence be	fore odmissi	ion)	
0.		0		MADVIA		o. STATE b. COUNTY					
b	CITY OR TOWN	If outside carporate limit	S								
	write RURAL on	d give neorest town)	13,		i. ciri c	o il) maoi ai	diside torpordre ilin	ils, wille KOKAL	unu give neu	resi idwii)	
	Cheverl	У		ll days					16.1		
d.	. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in hospital,	give street address)	d. STREE	T ADDRESS				Doy Yeo I YEAR IF UNDER Doys Hours CITIZEN OF WHAT COUNTRY? Md. INTERVAL BETTONSET AND D L1 days 19 WAS AUTO PERFORM YES and in my of (County) (St	FARM?
P	cince Ge	orge Genera	al Hosp	oital	902	2 2nd.	Street			YES	NO x
3. N	AME OF	F	irst	Middle		ost	4. DATE	Month	D	оу Уе	nos
		Cha	rles	R	Hi	ggs	DEATH	6		5 19	67
S. SI	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			9. AGE				
n	ale	white	WIDOWED	DIVORCED	2-18-	701.7			onths Doy	5 Hours	Min.
			IDb. K	IND OF BUSINESS OR			1000		12. CITIZEN	OF WHAT	
durin	g most of working	life even if retired)				,			UCOUNTR	Ä?	
10.	C	harles D II:	iggs J	r	14. MOT						
10			1				garet Su				
(Yes	, no, or unknown)	ER IN U.S. ARMED FORCES?	of service)	SOCIAL SECURITY NO.			i ana da	-	ма		
	110		121	.0 32 0730	onari	es D n	I. PIG	rid.			
	1B. CAUSE OF D	EATH (Enter only one co	use per line for	r (a), (b), and (c).)							
	PART I. DEA	IMMEDIATE CAUSE	(a) Lace	ration of b	rain					DNSEL AND	DEATH
	8164								7.	day	
		, which gove		outo of bita						Luaya	,
			` /	11ma 211to 1	nanidant		1.7				
		erlying couse		. wiia – auto a	accidenc		2				
1	PART II OTHER C	IGNIFICANT CONDITIONS		TO DEATH BUT NOT DELATE	ED TO THE TERMIN	IAL DISEASE CO	NOTION GIVEN IN I	APT 1(a)	11	9 WAS ALL	OPSY
NO.	FART II. OTTICK 3	IONITICANT CONDITIONS	LONIKIBUTINO	TO DEATH BUT NOT KEEKIE	LD TO THE TERMIN	INC DISCASE CO	MUTTON GIVEN IN 1	AKI I(U)		PERFORN	AED?
3	OO CVTCOULL C	11105 11110	1							AE2	NO
RIF	PRIMARY Pror CO	AUSE WAS ONTRIBUTING			,	. ,					
	CAUSE OF DEATH.		Dri	ver of car	which ra	n into	car park	ed on r	oadway	7.	
S	20c. TIME OF INJ	URY Month, Doy, Yeor	20d. I	NJURY OCCURRED 2 20	De. PLACE OF INJU	RY (Home, for	m, 20f. p. leity	or towpteon	(County)		(Stote)
ME	11 • 1 Oran	m, 5-26- 19	67 While	Not While	toctory, street,	office bldg., etc.	+ So of	Contro	3 A * m	,	
	21 L certil	by that I tank chara	e of the re	mains described abay	ve held an Au	toney 🗆	Inspection 5	Inquiry	L AVE	nd in my	aninian
								_		id iii iiiy	apinian
	death tesui	led Irain: Natur	di conses [J, Accidenti XI,	Suicide [_],			rminea mann	ier []		
	ACTUAL		1	Y Kan				1		22 DATE	SIGNED
	SIGNATURE	1 15	n/) 21/	M.D.			1		III DATE	STORED
	EXAMINER'S	Prince George's MARYLAND Prince George's MARYLAND Maryland Prince OR TOWN Iff outside corporate limits, RURAL and give nearest town) EVERY POR HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ce George General Hospital OF First Middle Lost A. STREET ADDRESS Ce George General Hospital OF First Middle Lost A. DATE Month OBATH		1110							
O. COUNTY Prince George's D. CITY OR TOWN If outside corporate limits, write RURAL and give nearest low Cheverly d. MANE OF HOSPITAL OR MISTITUTION (If not in hospital give street address) The Hospital of give nearest low Cheverly d. MANE OF HOSPITAL OR MISTITUTION (If not in hospital give street address) The Hospital of Street and Middle lost ON ORCED Trince George General Hospital S. SAX. 6. COLOR OR RACE AMBRID ON ORCED THIS S. SAX. 6. COLOR OR RACE AMBRID ON ORCED THE WIDOWED DIVORCED DID. ISSUA OCCUPATION (Give kind of work done) TO STREET AND THE WIDOWED DID. ISSUA OCCUPATION (Give kind of work done) TO STREET AND THE WIDOWED TO STRE											
O. COUNTY Prince George's MARYLAND O. STATE D. CITY OR TOWN If dustade capporate limits, write RURAL and give necess the RURAL and g	,,	Stote)									
	Burial	Prince George's MARYLAND Prince George's OR TOWN (If outside corporate limits, te RURAL and give neores town) Le RURAL and give neores town) Le Poverly AE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) AE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF First Middle Charles ADATE OF BIRTH WIDDWED DIVORCED LOCUPATION (Give kind of work done sto dewich give give with file agent i retired) DECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BECEASED EVER IN U.S. ARMED FORCES? OF URANDOWN) TO BE DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: OUE TO Fracture of skull WIDDWED DUE TO Fracture of skull WIDDWED DUE TO Trauma — auto accident (c) The of HOURY Month, Doy, Yeor Hour o.m. I. Cerify that I taak charge of the remains described above, held an Autapsy —, last eath resulted fram: Natural courses —, Accident —, Suicide —, Hamicide —, HALL LABLE — MACHINER'S DEPUTY MEDICAL EXAMINA Address (Street, diy, It Addr					•				
24.	FUNERAL DIRECTO	OR CONTRACTOR CONTRACTOR	YI A					2Sb. REGIST	RAR'S SIGNAT	Under	
	r. C	ascn's son	s nyat	tsville, Md	•	DATEJL	IN 12 19	DV /	-	0 6	-

The second of th

AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY

o'd seed, ... (Peterla, 18.

the selling to a subject the selling of

į	08589	

0858	33		Middle WALTER HILLMAN WALTER HILLMAN WALTER HILLMAN WALTER HILLMAN DEATH JUNE 2 WALTER HILLMAN DIVORCED DIVORCED DIVORCED 11 JAN 1909 58 yrs. DIVORCED 11 JAN 1909 58 yrs. DIVORCED STAFF OCIAL SECURITY NO. 14. MOTHER'S MAIDEN NAME UNKNOWN - ORPHAN OCIAL SECURITY NO. 17. INFORMANT Address DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) JURY OCCURRED OCCURRED OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) JURY OCCURRED OCCURRED OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) JURY OCCURRED OCCURRED OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) JURY OCCURRED OCCURRED OCCURRED OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) JURY OCCURRED	0358	1				
1. PLACE OF DEATH						Where deceosed lived,		idence before	odmission)
a. COUNTY	RINCE GEOR	CEC	MARVIAND			TAND		OF CEC	DOTE
b. CITY OR TOWN	(If outside corporote limit								
	nd give neorest town)	DACE	211 DAVE					11	,
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospitol, o	ive street oddress)			<u> </u>		l e.	IS RESIDENCE
						VITO I ANTO			ON A FARM?
USAF HOS	SPITAL ANI	DREWS_	Middle				11 am th		S NO X
DECEASED						OF		Doy	Year
(Type or print) S. SEX	6. COLOR OR RACE		17 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					29	19 6 7 IF UNDER 24 HRS.
			-	41		lost bir	thday) Month		Hours Min.
MALE	CAU	WIDOWED						CITATEN CT	101117
during most of workin	ON (Give kind of work done g life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIR1	HPLACE (County	& Stote, or foreign coun	try) 12	COUNTRY?	VHAT
OFFICER			NAVY				0 1	U.S.A	
13. FATHER'S NAME				14. MO1	HER'S MAIDEN I	NAME			
	- ORPHAN					- ORPHAN			
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S	OCIAL SECURITY NO.	17. INFORMAN	IT	9-	Address		
YES	1956 - 19	356 21	8-38-8937	WIFE	same	as #2			
IB. CAUSE OF I	DEATH (Enter only one co								VAL BETWEEN
PART 1. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) CAN	CER OF MOU	TH				ONSE	T AND DEATH
144	1	TO							
Conditions, if on	y, which gove		ASTASTS TO	BONE					
rise to immedia		10	10						
lost.	lenying couse	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS		O DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN IN PAR	T 1(o)	19. W	AS AUTOPSY
200. ACCIDENT W. OR CONTRIBUTION									ERFORMED?
20o. ACCIDENT W	AS HINDERLYING [7]	20b. DF	SCRIBE HOW INJURY OCCUR	RED. (Enter note	ure of injury in	Port I or Port II of ite	m 18.)	763	AA "
OR CONTRIBUTIN	G CAUSE OF DEATH	200. 02.	The state of the s	Les femor non	or injury in		,		
	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	20d IN	HIRY OCCURRED 1 200	PLACE OF INII	RY (Home form	20f (City or	town)	(County)	(Stote)
Hour o	i.m.	While	Not While				.0411)	(coomy)	(31016)
P).m. 19	ot work				0 .		10 11	A (1) () 1
		spital) attend			, l	Y, †q			t (I) (we) la
22o. SIGNATURE	deceased alive an_	77	, and	mai death	accurred at	iwi, iram			
X SIGNALORI	" PY	1.0	10				AFF C	. DATE SIGNED	
22C PHYSICIAN	aslett	Mill	/, -	111101		DIRECTOR L PH	YS. XX 2	9 Jun	1967
NAME (Typ	.)	DUELD	C CAPT HEA			HOCDITAL	ANDER	LIC.	
		_							42
230. BURIAL, CREMAT REMOVAL Specif BURIAL	()							(County)	(Stote)
24. FUNERAL DIRECT	OR ROBERT E.	KILHEL	M FUNDRAL HO	ME	2So REC'L	BY REGISTRAR 7	2Sb REGISTRAR	SSIGNATURE	del
4308_SUI	TLAND ROAD	, SUITL	AND, MARYLAN	D	DATE	0 1001	0	0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carboth-papers. Pages 1 and 2, should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after earth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

			Philipping -	
TERM A	The second of the second		28430	
	CRATTER		me continue	
	STRAIT SERVE LANE		oka jarrenn ene	
	THE HAMLIAN	HATTIAN XX	20.10	
	- se ver kat in		UAD THA	
	DIBU LUITVYAASHE	YPAR PI	\$100 USA	
	MANGEO - INVOLUNIA		nations - instent	
		ANTER OF STREET	1 - 374	
		M. PLERISH TH		
XX				
late outlier o				
	10 to 11 to 11 to 18 10	20, 15,0,29,2,19		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1

0	0	2	0	0	
U	8	0	O	Ö	

AVET		08590	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	08588
DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE o. STATE	E (Where deceased lived, if instituti b. COUN	
tot		Prince George so. CITY OR TOWN (If outside corporate limits	MARYLAND	Virgini		/
I and 2 with the State Department er death.		 CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporote limits, write RUR	RAL ond give neorest town)
=		Cheverly	DOA	Alexandr	ia	83.7
		. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
99	1	rince George Genera	l Hospital	1219 Orc	noca Street	YES NO 🔀
		NAME OF Fir	st Middle	Lost	4. DATE Mont	
1	c	Type or print) Jame 6. COLOR OR RACE		HolBert 8. DATE OF BIRTH	9. AGE (In years	4 19 67 I IF UNDER 1 YEAR IF UNDER 24 HRS.
		ale White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	5-31-1942	lost birthdoy) 25 yrs.	Months Doys Hours Min.
	10c	USUAL OCCUPATION (Give kind of work done		11. BIRTHPLACE (Sto	ote or foreign country)	12. CITIZEN OF WHAT
	dur	ng most of working life, even if retired) ahorer & Mechani	c Sand dredging	Madison	Co. Va.	U COUNTRY? A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDE		
		James H. Holbe	ert	Browni	e Gallihugh	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	
	(4)	s, no, or unknown) (If yes give wor or dotes o	f service)	Marjorie	Taylor Holb	ert
	F	18. CAUSE OF DEATH (Enter only one cou	se per line for (o), (b), and (c),)			INTERVAL BETWEEN
event within		DADT I DEATH WAS CAUSED BY	(o) Drowning			ONSET AND DEATH
ouly eve		9298 DUE				
1		Conditions, if ony, which gove	(b)			
		rise to immediate couse (a),	()			
		stoting the underlying couse last.	(c)			
			ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
2	TION	The same of				PERFORMED? YES NO
	CERTIFICATION	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury	in Port I or Port II of item 18.)	
	CERT	20o. EXTERNAL CAUSE WAS PRIMARY ♣ or CONTRIBUTING ☐ CAUSE OF DEATH.		` '		to a bauma
16		20c TIME OF INITIRY Month Day Year	Fell off small bo	ACE OF INITIRY (Home for	orm 20f. (City or town)	(County) (Stote)
16	MEDICAL	Hour o.m.	While Not While of work Pot	tory, street, office bldg., e	etc.)	chama
10		11: UUamım 5-10- 176	of work of work of POT	omac River	200 yards oil	snore
			e of the remains described above, he			
		deoth resulted from: Natura	ol causes 🗌 , Arrident 🔀 , Sui		de, Undetermined m	onner
	1	ACTUAL 6	14.6	1001071117	CAL EXAMINER	22. DATE SIGNED
		SIGNATURE TO THE SIGNATURE		M. D.	MEDICAL EXAMINER	
-		EXAMINER'S	ID Pirondale Md		DICAL EXAMINER X reet, city, town, or county)	6 5 67
1	22		1.D. Riverdale, Md	• Madiess (3)	23d. LOCATION (City or Tox	6-5-67 wn) (County) (Stote)
	1	REMOVAL (Specify)				Madison Co.
	R	emoval & Burial	6/7/67 Family Cen	letery	Hood, Va.	GISTRAR'S SIGNATURE
	1 2	Hoon Clore Funer	al Home, Applinque	o V CL	11444	
		to II. It sale		DATE	JUN 8 1987	Eliana June

30 Tuberson Cochange State direct courts of the E. E. A. dy the fill of the file troffell . Transmet to see the district of the second second see the second Larte of the attention of the Line and the large transfer that the to co-co - there all these, and acute, i.e.

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:

	4	DIVIDIOIT OF	TIME RECORDS, OUT II. I RESTO		1201
FOR STAJE		08591	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08589
Page Print of Figure 1 (1) 1 (COUNTY Thin Ce g	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived if o. STATE MOULT	institution: Residence bufole admission) b. COUNTY
om. It dity beloy Voges 1, 2, and 3 Ith form PM3. Pa State Department	0	CITY OR/TOWN (If outside corporate limits, while RURA) and give hegrest (wn)	S Nour	c. CITY OF TOWN (If our de carporote limits, w	rrite RURAL and give nearest town)
form te Dep	0	R NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS Julie	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
e K	1	PAME OF First PECEASED (Ype or print) WILLIA!	MCHARLESH	DEATH OF THE PROPERTY OF THE P	Month 28 22 Year
18. Give Fig. 18. Give Fig. 18. Give Fig. 18. Give Fig. 19. Give Fig. 19		MW	MARRIED NEVER MARRIED B.	LAZA 1917 lost birth	doy) Months Doys Hours Min.
24 nours in Item 1 er's Office jes lond2 ofter deoth	10a duri	USUAL OCCUPATION (Give kind of work done in mast of working life, even if retired)	10b. KIND OF BUSINESS OR _ SO INDUSTRY _ OCCUPANIES	Baltimore moses	12. CITIZEN OF WHAT
oencil amine e pog e pog	13.	harles willer	in Halland	14. MOTHER'S MAIDEN NAME Natilda Ber	4
0 .= 2 1	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of ser		FORMANT Hollon	Tourel Hel
n be execute rd "pending" Chief Medical fronsit permit.		18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line for (o), (b), and (c).)	2 c clusion	S GUNSET AND DEATH
the urial any		4/20/ Conditions, if ony, which gove nise to immediate couse (a), (b)	Coronary a	athero scher	us years
= = = = = = = = = = = = = = = = = = =		stoting the underlying couse DUE TO	V		
ote, writing to forwarded be used as gemoval, and	CATION		IBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
certifico certifico ould be es. hould to n, or re	IL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Port I or Port II of item	18.)
te the ge 4 sh gage 3 s age 3 s emation	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.		E OF INJURY (Home, form, ry, street, office bldg., etc.)	(County) (Stote)
ctor. Page to red for page to		21. I certify that I took charge of death resulted from: Natural co			Inquiry \bigcirc , ond in my opinion and monher \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc
dire dire		ACTUAL Dayton (Walter	CHIEF MEDICAL EXAMINER	531 8 dwapalis
ten sso	00	EXAMINER'S DATON) WATKINS	DEPUTY MFDICAL EXAMINER Address (Street, city, town, or county)	Bladenslurg
To Fu	1	BURIAL CREMATION, REMOVAL (Specify)	67 Medanis	REMATORY 23d LOCATION (CIT	y or Town) (County) (STATE)
VR A15ME (5)	1	CONERAL DIRECTOR Land	eldran Laure	1 m L JUL 1 0 1967	governes jusque

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08592	CERTIFICATE	OF DEATH		08590
		PLACE OF DEATH Prince Leongles	MARYLAND 2	o. STATE Md	re deceased lived, if institution: Re b. COUNTY	A 1/2 -
	k	b. CITY OR JOWN (If outside corporate limits, write RORAL and give nearest tawn)		CITY OR TOWN (If autside Ragewater	e carparate limits, write RURAL an	d give nearest town)
0	Th	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree		. STREEL ADDRESS	1 Box 434	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED (Type or print) Amanda	Middle Hu	mphries	DATE Month OF DEATH Month	Doy Year 16 1967
	1	lemale white WIDOWED IT	DIVORCED	DATE OF BIRTH	186 birthday) Mon	
	duti	. USUAL OCCUPATION (Give kind of work done in 10b. KIND OF Bring most of working life, even if retired) The Park Transfer ATHER'S NAME	levenue- U.	II. BIRTHPLACE (County & Str Washingtor MOTHER'S MAIDEN NAM	n, D.C.	12. CITIZEN OF WHAT COUNTRY?
		William F. Huntress		Lottie W	hitehouse	
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI (If yes give war or dates of service) 220-1	LI-0990T Ma	rjorie H.	Colcock Land	lover, Md.
		1B. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (c) DUE TO (c)	foral art	monto teñosclen	ge osis	INTERVAL BETWEEN ONSET AND DEATH Sylvan
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE H	BUT NOT RELATED TO THE OW INJURY OCCURRED. (Ent	tyelon	eplintes	19. WAS AUTOPSY PERFORMED? YES NO
H	AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		0		
	MEDICAL	p.m. 19 at work 🗀 a	of While foctory,	OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
			deceased fram 1967, and that d	eath occurred at	M, from couses and	on the dote stoted obove.
		22a. SIGNATURE 22c. PHYSICIAN'S	AM M.D.		D. STAFF PHYS.	2b. DATE SIGNED 67
1		NAME (Type) William D. Rosso		5701 85th		
		Burial 6/19/67 Ft		Cemetery	23d. LOCATION (City or Town) Prince George	(County) (State) Ses Co. Md. AR'S SIGNATURE
1	24	2901 14th t. N.W.	Monthany	2Sa. REC'D BY	9 1967 Julian	

carbon papers. Payes 1 and 2 and 2 and 2 and 2 and 2 within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capprietely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. I shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hau Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

The word of the state of the st				MERCHANA, N.	
Levinon come Scriptorial Scriptorial December 1 Secretarian Sanctorial Sa	* (me the fire of the
TIME TO STAND AND THE STAND AN					
		SEXOTE SINK			
		4 - 10 In 15 15 15 15 15 15 15 15 15 15 15 15 15		David H. F.	mn1222x
	· · · · · · · · · · · · · · · · · · ·	Section . I the 's			1 90
ACCUMENTAL BURNESS OF THE PROPERTY OF THE PROP					
the transfer to the control of the c	. Dr T.E.L. y. tv	ALE SECTIONS OF FULL			
Talents Command under a vectommer along the transfer of the talents of	65 1.62 tones	of uniting vice teams	alogui, de	Taler\	INTERES

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08593 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) MARYLAND b. CITY OR TOWN (II outside corporote limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Illoutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest/town) 995 Red. STREET ADDRES d, NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? NO T NAME OF Middle DATE Month Doy Year DECEASED IRENC (Type or print) DEATH 19 6 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours 5-25-WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KHOD OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: penoma 1 IMMEDIATE CAUSE (o' **DUF TO** Conditions, if ony, which gove rise to immediate couse (a), **DUF TO** stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While June 19 21. I certify that (I) (this haspital) attended the deceased fram fram causes and an the date stated abave. and that death accurred at 8 saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL REMATION, LOCATION (City or Town) REMOVAL (Specily)

2Sb. REGISTRAR'S SIGNATURE

'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attendina physician

certificate has been

After

within 24 haurs after

in 72 h

ave carbon y rveat wit

6

crematian,

burial

Health p

burial-transit

and

Page 4 may be retained
To FUNERAL DIRECTOR:
Why was a property page 3 shauld shauld be filed with the

ge d The same of the sa 7 The state of the s with the Made State CANDELLAND AND CO. 201 LOSS AND MICHAEL SECTION OF THE PARTY. A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08594 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY Prince Georges

b. CITY OR TOWN (If autside carparate limits, write RURAL ond give neorest tawn) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) papers. Pagi Clinton 30 days e. IS RESIDENCE ON A FARM? .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS filled 8541 Surratts Road YES NO XX Prince Georges General Hospital carbon en with 3. NAME OF Middle 4. DATE Month Doy Lost Year completely DECEASED 21 1967 Johnson Robert A. June event, (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED ove lost birthday) Months Doys Hours March 18, 1912 White dny Male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY physician on please Iowa USA Retired aval Wesnons Pla 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Olaus Johnson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. Same as 50 Mrs. Nellie F. Johnson INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p S CAUSED BY: Acute Pale Cerebral Infarct - right cerebral Hemi PART I. DEATH WAS CAUSED BY: ONSET AND DEATH þ (b)sphere - of unknown etiology Canditians, if any, which gove rise to immediate cause (o). DUF TO stating the underlying cause the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) 10 FUNERAL DIRECTOR: After this Nat While Haur a.m. foctory, street, affice bldg., etc.) 21. I certify that (I) (this heseits) attended the deceased fram 5/1, 19/1, to June 21, 1967, that (I) (the same saw the deceased alive an June 21, 1967, and that death accurred at 3:40PM, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Frederick H. Wilhelm, M. D. 6319 Landover Rd. Landover, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Cedar Hill Cemetery June 24-1067 Suitland Maryland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Bros. 1661- Gd. Hope Rd. SE. Wash. DC DATE ...

The law requires that the death certificate be executed within 24 hours after death OR ATTENDING PHYSICIAN: be retained by Page 4 may b

bring Georges General Mospital . . . 8541 Surrects Boad

The Manual of th

3:40r June 21, 67 de

- doube rais Carebral infaret - right coresent domi-

AT 18

modest A. Johnson

vonce - of unknown etfolony

Main White State S

Frederick Edicolm, M. . . . 6319 Landover Ed. Landover, Marwitan

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7	3	7-	6	80	0

CERTIFICATE OF DEATH 08595 deal 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Prince Georges Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Marlow Heights 12 days Cheverly in ers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince Georges General Hospital 6015 - 28th Avenue 3. NAME OF Middle Lost 4. DATE DECEASED Alice V. (Type or print) Jones DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years eve 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) 3-10-24 ond in any Female White WIDOWED Sep DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired) resturant Fairplay, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending phys Otho A. McCoy Mary E. Marshall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 10 216-22-9689 Miss Judith Jones, MarlowHgts, Md. np cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b).
PART I. DEATH WAS CAUSED BY: buriol-tronsit IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retoined by the haspital or attending physicion. by DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse os the priar to SDU PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) anastamoses 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office blda., etc.) Not While ot work 21. I certify that #8 (this haspital) attended the deceased fram May 31 1967 to June 12, 1967, that (x) (we) last saw the deceased alive an June 12. 19 67, and that death accurred at 3:342 M, fram causes and an the date stated above. O FUNERAL DIRECTOR: 22o. SIGNATURE STAFF PHYS. XXX June 13, 1967 M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John H. E. Bayly Prince Georges General Hospital 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Dargan, Md. 6-16-67 Samples Manor 24 FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md. 2So. REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

YES NO

Year

1967

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

Month

June

IF UNDER

Months

1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

25b. REGISTRAR'S SIGNATURE

(County)

22b. DATE SIGNED

(County)

. . .

			65600
Prince Coorces	bondeant		Losfiged
	dreion Holant		
answ	0015 - 28th A	Indiana In	THE PROPERTY SERVE
func 12 %	Jones - James		ti.
15	1	Sep. mas	
	. talesto:	Direct State	
aladeres		nto	in other
at . seek result . seek	and the state	P32-38-573	
	4		
with 10 of out	W:L-	12, 127	
7001 ,CI boot rea 1907		14 5	A 194 13
dail mob leveco	PRICE TAILS	.63.11 \ 10.00	E. W. B. adut.
SA . F SA			mb)+1 1 Mar

. Transfer a need Lagran detroit

Item 18 Film 389 6-12-67 amaryland state department of Health Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08596 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) s Maryland Prince Georges
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b emove torban papers. Page any vithin 72 hours o d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 19xkxx 3day Lanhan e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince Georges General Hospital
NAME OF First YES NO X 5431 85th Ave. Manth 4. DATE DECEASED (Type or print) John Robert Jr. DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days WIDOWED DIVORCED Tune 1967 Wale White ... USUAL OCCUPATION (Give kind at wark dane guo 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT = during most of working life, even if retired) physician a COUNTRY? none Mayyland P.G. Co.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jury Sr. Doris Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) John R. Jury Sr. Same as #2 none signed by the o burial-transit per 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave Escherica days rise ta immediate couse (a). DUE TO stating the underlying cause be retained by the haspital ar attending as the has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES X TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) at wark L. at work shauld be . 19____, ta___ 21. I certify that (I) (this haspital) attended the deceased fram_ , 19___, that (I) (we) last and that death accurred at _____M, fram causes and an the date stated above. saw the deceased alive an-19..... 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) 6/6/67 Prospect Hills York York ADDRESS 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATELUN

the sent of the sent which

Triber from the first field in the first form and the first first

Tall part 1 tall part 1

AND THE PROPERTY AND TH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 3 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

08595

1.	PLACE DF DEAT a. COUNTY	H				110	2. USUAL RE a, STATE	SIDENCE	(Where d		d, if ins		Residence	before a	dmission)
	Pri	nce George			MARY	LAND	Maryland Prince George								
	b. CITY OR TOW Write RURAL	/N (if outside corpora , and give nearest tow	te limits, m)	c. LEN	IGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If ou	itside co	rporate iln					
	Oxon			1	Year				n Hi	11			16	1	
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not i	in hospital,	give street a	ddress)	d. STREET AD	DRESS					9	. IS RES	FARM?
		Maury Ave.					420	Mau	ry	Ave.	Apt.	305	Y	ES 🗌	NO 📆
3.	NAME OF DECEASED	Fi	rst		Middle		Last	1 4	4. DATE		Month	1	Day	Ye	ar
	(Type or print)	Nicholet	a K.	Kav	oures				DEAT	H June	2	7th		104	37:
5.	SEX	6. COLOR OR RACE	7 MARR	IED NE	VER MARRIE	n [] 8	DATE OF BIR	TH	19	AGE (In	vears I	IF LINDER	1 YEAR		
]	Female	White	WIDOW	_	DIVORCE		January	15.18	7-255	last bir	thday) vrs.	Months	Days	Hours	Min.
1Da	. USUAL OCCUPA	TION (Give kind of work	done 1Dl	b. KIND OF	BUSINESS OR		11. BIRTHPL	ACE (Coun	ty & State	e, or foreign	country		ITIZEN (1
Out	House	ing life, even if retire	d)	INDUSTR	Home		Cmaa					1	OUNTRY		
_				AU	110108		Gree						J.S.A	1.	
13.	. FATHER'S NAM					- 3-	14. MOTHER'	S MAIDEN	INAME						
	Peter	* Kominis					Georg	ia A	mast	topoul	08				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL	SECURITYNO). 17.	NEORMANT					fury	A		
(Ye	es, no, or unkown)	(If yes give war or dates o	f service)	400 0		. Oak		17 -		40					
	40	110110		033-1	10-4702	A Car	therine	N. Ka	vour	198	Oxo	a Hil	1 Ma	ryle	and.
	18. CAUSE OF	DEATH [Enter only on	e cause p	er line for ((a), (b), and (c	:).]		100					INTE	RVAL BE	TWEEN
	PART I. D	EATH WAS CAUSED BY		anoh	w ras	au lo	1 00	200	Ven. A				UNS	ET AND	YEATH
	12 V	IMMEDIATE CAUSE	(a)	0000	20 100	, 000	7 00,		,000				-		-
	4431	DUL	TO , 1		1		4	0	1-1		1 .		100		
	Conditions, If		(b) H.	Mal	ifeus	une (arterios	cler	vue	ca	de	- G			
	gave rise to	Dite	TO	0//	0		0						0.		
	cause (a), s underlying caus	rating me		Va	see Ja	1 0	Lisea	20					de	esol	Kan
N		SIGNIFICANT CONDITION	(C)	IDUTING TO	DEATH DUTA	OTRELAT	CO TO THE TEN	AINAL DIC	FACECOR	NIDITIONICI	VERLIBU	DART 1/a)	119.	WAS AL	ITOPSV
Ĕ	TAKT II. OTHER	SIGNIFICANT CONDITIO	JII3 CONTR	CIDUTING IC	DEATHBUIN	101 KELAI	ED TO THE TERM	ALIMAL DIS	EASE CUI	MUITIONGI	A EIA IIA	PART 1(a)	15.	PERFOR	
ICA													YE	s 🗍	NO T
CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING	20b	. DESCRIE	E HOW INJUI	RY OCCUP	RED. (Enter na	ture of in	Jury in F	Part i or Pa	art II o	f item 18	1.)		
ER	OR CONTRIBUT	ING □ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NED/												
MEDICAL		INJURY Month, Day,		d. INJURY C			E OF INJURY (H y, street, office			(City or to	own)	(Cou	unty)	(State)
ED	Hour a.				t While work	100101	,, 341 004, 011100	niag., cto.,	1	-					
2.							1.0 9	1	16.	1440	. 9	V /	7	1 11/2	N 1
		fy that (I) (this hos	ntall atte	711			home of	0.13	69 to		-	Z, 19_S			we) last
	saw the de	ceased alive on	piny	27	19 6 /, a	ind that	death occurre	ed at &	L.M, fi	rom the c	auses .				above.
	22a. SIGNATU	RE N	0	h				1				22b. D	ATE SIG	NED	
	/	1 would	KIE	Sunz	i Mi). M.D.	ATTENDING PHYS.	DIR	D. RECTOR	STAFI PHYS		6.	-2	7-6	7
	22c. PHYSICI	AN'S				M.D.	22d, ADDR	the same of the sa	LOTOK	11113			_		
	NAME (T	ype) Miguel	A. Hy	iici							_				
_	<u> </u>						5800	PIAIU	gato	n Ra.	UXO	n Hi	11 M		
232	BURIAL, CREM REMOVAL (Sp		THEREOF	23c.	NAME OF CE	METERY	OR CREMATORY			OCATION (unty)	(S	tate)
	Rassa 4		/1967							Lowel	1. h	ass.			
24	. FUNERAL DIR	ECTOR	T301	517	ADDRESS _	L 6	1 25	a. REC'D	BY REG	ISTRAR 2	5b. RE	GISTRAR	'S SIGN	ATURE	
76	W.Chamb	ers Co. Inc		421	TICU 24	t. S.	E.	HIN O	0 4	007	nel	iarla	o yeu	196	
-71	• 11 • OTTESTITO	019 00° TH	,	wash	ington,	D.C	DA	JUN 2	101	967				V	

VR AI5 (4) 20M 1/65

aro comia

તે. માં માં મામ તેમ મામ કે આ મામ કે મામ

from non I Tent []]

480 .tg .tt. 171. 805 . 67

terrore . deloich

edition of a con-

0° 101 00. ٠٠٠ ت ت

object to the enfroncest i un

• - - C1

.. the fire of the second of the second of

tains . - for st

C 11. 55. will live lain

517 1186 5. . . .

FOR STATE HEALTH DEPT.

Divisio

00500

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR AISME (5) 5M 1/65

		MARY	LAND S	TATE DI	EPARTN	IENT OF	HEAL	TH		
n of	STATISTICAL	RESEA	RCH AND	RECORD	S, 301 W.	PRESTON	STREE	T, BALTIMO	RE 1, MARY	LAND
	MED	ICAL	EXAMI	NER'S	CERT	IFICATE	OF	DEATH	-	125

-	00000
1.	PLACE DF DEATH a. COUNTY D. STATE D. COUNTY D. COUN
	MARYLAND MARYLAND
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	murry Dott Dealnstury 16.1
	d. NAME QE HDSPITAL OR NSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	MMC Hoyes general 5027-51 and YES NO
3	NAME OF DECEASED / First / Middle , Last 4. DATE Month Day Yeer OF
5.	(Type or print) OH HANDER TO BEATH OF RIGHT
3.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED NE
11	Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY FARMING BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
6	With the melitary the firms as to 15 USA
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	NICHOLAS LATZ UNKNOWN 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Address
	Yes, no, or unknown) (If yes give was f dates of service).
	yes WWI 493221697A Thomos Blodensburg my
	PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	IMMEDIATE CAUSE (e) COLOTTO CO
	Conditions, If any, which \ (b)
	gave rise to immediate
	undarlying causa last. (c)
. S	
CAT	YES ND NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.
MEDICAL	Hour e.m. While Not While factory, street, office bidg., etc.) p.m. 19 et work at work
Σ	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
	death resulted from: Natural causes Accident , Suicide , Homlcide , Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
)	EXAMINER'S DAYTON OWATKINS DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 6-19-67
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
12	BURIA (Specify) 23 JUNE 1967 BALTIMORE NATIONAL GM BALTIMORE, MARYLAND
2	14. IN PHAMER & CO PUBRICE MD 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
-	W.W. CHAMBERS GO RIVERDALE, MD DATE UN 23 1967 June Junes

Trung Lea Mariland Pro Dea OCA Blademakung Prince George grand 5027-67 and JOHN HARREIS LATZ JUNE 19 6 THE HALLE X The state of the s ATAM DEALERS OF ales MND Morris House Elmon Between and Coronary Thromboais fulgioneles X THE X THE X THE TOTAL THE TANK THE TA Datin On action DAYTON ONATKINS 67-61-7 WHAT I WATER A TO A WALL STONE IN A SHELL SE TORK TO SHELL SHOW THE PROPERTY OF THE SHOW AND SHOW AND

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08599

CERTIFICATE OF DEATH

DOEDE

00000	CENTITIONIE	OI DEATH			0003	6
PLACE OF DEATH O. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where d a. STATE	eceased lived, if institution b. COUNT	n: Residence b		
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside ca	rporate limits, write RUR	AL and give ne	arest tawn)	
	6½ mos.	Washington, D	C	4	7.3	
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS			e. IS RESID	
Glenn Dale Hospital, G		821 7th St.,	N. E.		YES YES	
3. NAME OF First DECEASED (Type or print) Mary	Middle L:	ittlejohn 04. DA		16	Day Yea	
. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA		
Female Negro WII	DOWED DIVORCED	9/14/1902	last birthday) 64 yrs.	Manths Da	ys Hours	Min.
Oa. USUAL OCCUPATION (Give kind of wark dane luring mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	ar fareign country)		OF WHAT	
Domestic	==	North Carolin	a	USA	KIT	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		-		
unknown		unknown				
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Addres	s		
(res, no, or unknown) (if yes give war ar dates at service)	unknown	Decedent				
1B. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).) Pulmonary embolism				INTERVAL BET ONSET AND D	
4500 DUE TO						
rise to immediate cause (a), (b)	Left femoral throm	bophlebitis		1	inknow	1
stating the underlying rouse DUE TO				100		
lost. (c)	Generalized arteri	osclerosis		1	unknow	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)		19. WAS AUTO PERFORMI YES T	
Diabetes Mellitus 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I a	r Part II of item 1B.)			
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	Of. (City ar tawn)	(Caunty)) (State)
21. I certify that (b) (this haspital) saw the deceased alive an		12/2/ , 1966 t death accurred at2:40	, ta <u>6/16/</u> PM, fram causes a	, 19 <u>_67,</u> nd an the c	that (t) (v	ve) la: abavi
22a. SIGNATURE USE N	the M.E		OR STAFF PHYS.	22b. DATE S 6/1	IGNED 6/67	
22c. PHYSICIAN'S NAME (Type) Moe Weiss,	M. D.	Glenn Dale H	ospital, Gl	lenn Da	le, Md	•
239 SURIAL REMATION, REMOVAL (Specify) 23b. DATE THEREOF	2061 HARMONY	CREMATORY EN BAY 230	DINCA COLOR	(Cot	77 1	tate)
24. CONERAL DIRECTOR TO 2	ADDRESS 39 60			CIBAR'S MEN		

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the facility director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

30100 The state of the s to the state of purply and the state of the state of the 그리고 있는데 어느 그런 그는 말을 모르는 유명을 모으셨는데 모르는 날리다. Torrel dereither and the second s BUSINESS SERVER SERVER

	MAKTEAND STATE DEPARTMENT OF REALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
08600	CERTIFICATE OF DEATH

08600)		CERTIFICAT	E OF DEATH		08598
1. PLACE OF DEATH a. COUNTY Prince Ge	orges		MARYLAND	2. USUAL RESIDENCE (O. STATE Mary land		tian: Residence before admission)
b. CITY OR TOWN	(If autside carparate limit	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparate limits, write Rt	JRAL and give nearest tawn)
Cheverly	nd give nearest tawn)		20 days	Landover		160.1
	TAL OR INSTITUTION (If n	at in haspital, g		d. STREET ADDRESS		e. IS RESIDENC
Prince Ge	eorges Gene	ral Hos	pital	2526 Mar	lboro Avenue	ON A FARM YES NO
NAME OF	F	irst	Middle	Last	4. DATE Mor	th Day Year
(Type ar print)		Frank	J.	Loughney	OF DEATH JUI	ne 16, 1967
S. SEX	6. COLOR OR RACE	7. MARRIEDX	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 I
Male	White	WIDOWED	DIVORCED	8/23/20	last birthday) 46 yrs.	Manths Days Haurs N
Oa. USUAL OCCUPATIO during mast of warking analyst	N (Give kind af wark dane g life, even if retired)		ND OF BUSINESS OR DUSTRY Government	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	John Lough	nev		14. MOTHER'S MAIDEN Helen	Mc Govern	
Jes 18. CAUSE OF D	(If yes give war ar dates W W 1 DEATH (Enter anly one col ATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for	(a), (b), and (c).)	Onunal	Tumor	ver, Md. INTERVAL BETWEE ONSET AND DEATH
Canditions, if and rise to immedia stating the undulast.	te couse (a), ((b)	a eliex	Sarco	moc	5 mon
PART II. OTHER S	IGNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPS) PERFORMED? YES NO
20a. ACCIDENT WA	G CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Part II of item 18.)	
ALL CHILLY, NOTH						
20c. TIME OF IN.	JURY Manth, Day, Year	20d. IN While at wark	Nat While fo	ACE OF INJURY (Hame, farrictary, street, affice bldg., etc.		(County) (Stat
(IF EITHER, NOTIFY 20c. TIME OF IN. Haur 'a p	JURY Manth, Day, Year .m. 19	While at wark	Nat While of twork of the deceased fram	ictary, street, affice bldg., etc.	967, to 6-/	(Caunty) (State), 19 (Caunty), that (I) (Series) and an the date stated at
20c. TIME OF IN. Haur 'a P 21. I cert saw the c 22a. SIGNATURE	JURY Manth, Day, Year .m. 19 ify that (1) (stassber leceased alive on	While at wark	ed the deceased fram	at death accurred at A.D. PHYS.	967, to 6-/	5, 19 <i>69</i> , that (I) (x/x)
20c. TIME OF IN. Hour a p 21. I cert saw the c 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type	JURY Manth, Day, Year .m. 19 ify that (1) (strissber) leceased alive on	While at wark at tend	ed the deceased fram_ 1962, and the	at death accurred at A.D. PHYS. 22d, ADDRESS	9 6 7, to 6 - / (10:30M, fram causes	and an the date stated at 22b. DATE SIGNED
20c. TIME OF IN. Hour a p 21. I cert saw the c 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type	JURY Manth, Day, Year .m. 19 ify that (1) (strisstant) leceased alive on	While of work approximately attended to the control of the control	ed the deceased fram_ 1962, and the	at death accurred at AD. ATTENDING PHYS. 22d. ADDRESS	967, to 6 – 10.30M, fram causes MED. STAFF DIRECTOR PHYS. C	and an the date stated a 22b. DATE SIGNED June 16, 1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

VR A15 (4 25M 1/67

111430 surgeon fanly United Farming Osparal Respical Trained of the But and property than and property Sydia and one Thems

OHANNES SAHAKMAN 6001 CONDUCTOR TO LINES

to the contract of the contrac

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08599 CERTIFICATE OF DEATH 08681 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) TLEASAN Atts VILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRES IS RESIDENCE ON A FARM? YES NO A 3. NAME OF DATE First Middle Last Year DECEASED OF DEATH 19 67 (Type or print) AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVOR CED 10b KIND OF BUSINESS OR 10g, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no ofunknown) (If yes give wor or dotes af service 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIJE TO Canditians, if any, which gave rise to immediate cause (a) DUF TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) at wark L at wark 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred by 20 Compon causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DAJE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF 23a. BURIAL, CREMATION 23b. DATE THEREO! LOCATION (City or Town) (County) ASHINGTON FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After directar, page 3 shauld be filed v VR A15 (4) 20 M 1/66

law requires that the death certificate be executed within 24 haurs after death

funeral

campletely filled in by the factor of the fa

Kemave

attending physician and sermit. Then please cem

the

attending physician.

signed by the burial-transit

has been the

this certificate for

by the haspital

be retained

remaya

0

crematian,

burial

prior ta

gp

detached

pe

ploods the

State

after

oan papers. Pag within 72 haurs

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

_	-			
0	0	63	1	0
1 5	No.	20	6 3.	3.9
6 4	1 1	7 8	8 3	2 7

	0000			CLKIII	ICAIL	OI DEATH			1		
Ī	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived	, if instituti	on: Residence	before odmis	sion)
	o. COUNTY	rince Georg	ale	MAD	YLAND	o. STATE Maryla	and	b. COUN	rince	George	910
		(If outside corporate limit		c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside cornorate limits				- 5
1	write RURAL o	ind give negrest town) Cheverly	,		110			, WITTE KOK	At one give it	eoresi towny	
				D.O.A.		112.02.	dare			160	TOTALCE
l		PITAL OR INSTITUTION (If n				d. STREET ADDRESS				e. IS RES	FARM?
	Prir	nce George's	Genera	al Hospita	1	5308 Kei	nilworth A	lve.		YES	NOX
I	3. NAME OF	F	irst	Middle		Lost	4. DATE	Mont	h	Doy Y	'ear
	(Type or print)	Fr	ank	V.		Matera	OF DEATH	Kx d	June	24, 19	67
ľ	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	DI	B. DATE OF BIRTH	9. AGE (1	n years	IF UNDER 1 Y		ER 24 HRS.
ı	Male	White	WIDOWED	DIVORCE		/22/90	77	irthdoy) yrs.	Months D	loys Hours	Min.
ŀ	10o. USUAL OCCUPATION	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign cou	intry)		EN OF WHAT	1
1	during most of working	ng life, even if retired) der	Pre	ss Club		Pa			GOUN	TRY 2.	
ŀ	13. FATHER'S NAME		-10	DD VAUD		14. MOTHER'S MAIDEN	NAME				
l	Gir	ard Matera				Mary	Innelli				
ŀ	IS WAS DECEASED E	VER IN IL C ARMED FORCES?	16.9	SOCIAL SECURITY NO.	17 1	NFORMANT		Addre	55		
l		VER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 57	8 07 6230		rginia A Ma	tera E		dale,	Md.	
Ļ	yes	W W I				1621124 11 110	acera B	ICT VCI	uuze,		
1		DEATH (Enter only one co EATH WAS CAUSED BY:	w/5	4		0-1	1	1	^	ONSET AND	
l		IMMEDIATE CAUSE	(o)	will N	nyor	men	Mar	dun		1 de	7
ı	42	000	10	1	, +	= 11.0	TA.				
ŀ	Conditions, if or	ote couse (a)	(b)	June	and	1 Nan	Mil				
ł	stoting the und		TO						1		
l	last.)	(c)								
I	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(o)		19. WAS AU PERFOR	MED?
ı	ATIC									YES	NO XX
1		AS UNDERLYING	20b. DE:	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I or Port II of it	em 18.)			200
		NG CAUSE OF DEATH FY MEDICAL EXAMINER)									
ı	20c. TIME OF IN	NJURY Month, Day, Year	20d. IN	JURY OCCURRED		CE OF INJURY (Home, for		r town)	(Count	(y)	(Stote)
ı	Hour Hour	o.m. p.m. 19	While of work	Not While of work	foct	ory, street, office bldg., etc	.)				
ı		tify that (I) (this ho:			from		19 6 3, ta Jur	ne 24	19 6'	7, that (I)	(we) Ins
1		deceased olive an_	6-2	2 1967	and that	death occurred at			and an the	date state	ed abave
1	22o. SIGNATUR		1//	7					22b. DATE		
ı		Honeld (V Est	2m	J.M	ATTENDING PHYS.	MED. S	TAFF HYS.	6/	24/67	
١	22c. PHYSICIAN	15 1	1			22d. ADDRESS	/ A SI	/	/		
I	NAME (Typ) (ED GA	REN	A	zattenll	1. M	y.		
F	230. BURIAL, CREMA	TION. 23b. DATE TH	IEDEUE	23c. NAME OF CEM	ETERY OF	CDEMATORY	23d. LOCATION	Kity or To	wn) (C.	ounty)	(Stote)
	REMOVAL (Spec	ify) June 2		Ft Linco			Colmar				Md.
-	24. FUNERAL DIREC		, 1007	ADDRESS			D BY REGISTRAR		GISTRAR'S SIGI		
1		Gasch's Son	s Hvat		Md.		IN 2 8 196	49.	Charle		ar.
	A •	AMBONI D -OIL		cornary .		1 DAIE	00 0 0 0	1 /	77	V	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

NITHIO OF BUILDINGS

Palabraril . A.D.U liting (former Section | Continue . 4C x3 Male n white dula enga and the second bearing . Des . o 1 - 1 20 vil 2 | 1 20

The Carry at anti-

A STATE OF THE STA

La - / La

the property of the contract o

with some growing the

land 2 with the State Departmen

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

TO DEPUTY MEDICAL EXAMINER:

Health prior to burial, cremation, or remaval, and in any event within 72 hours offer death.

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

This certificate shauld be executed within 24 haurs after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301

FOR STATE HEALTH DEPT. the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm PM3. Page 2, and 3 ta any delay is

08603

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ARCA1

00000					UOI) (/ 6
PLACE OF DEATH				Where deceased lived, if inst		fore odmission)
o. COUNTY Prince Geor	rgala	MARYLAND	Marvland		DUNTY rince Geo	mgo Le
b. CITY OR TOWN (If outside corporate write RURAL and give nearest tawn)	limits, c. LENGTH OF			utside carparate limits, write	RURAL and give near	rest tawn)
Adelphi	minu	tes	lakoma Pa	rk	16	-/
d. NAME OF HOSPITAL OR INSTITUTION	(If nat in haspital, give street addr		STREET ADDRESS			e. IS RESIDENCE ON A FARM?
9101 Riggs Road		7	15 Colby	Avenue		YES NO X
NAME OF DECEASED	First Mid	dle	Lost	4. DATE M	onth D	oy Year
(Type or print) Wi	lliam Hunter	Mathew	s. Jr.	DEATH	6	8 1967
. SEX 6. COLOR OR RACE	7. MARRIED NEVER I	MARRIED DE B DA	TE OF BIRTH	9. AGE (In years lost birthdoy)		
Male Negro	WIDOWED D	IVORCED 26	August 1			s Hours Min.
Do. USUAL OCCUPATION (Give kind of work of		S OR 11	. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT
uring most of working life, even if retired) LABOR ER	INDUSTRY		MARYLAND		U.S.	Α.
3. FATHER'S NAME		14.	MOTHER'S MAIDEN			
WILLIAM H. MAT	HEWS. SR.	A	MARY F	MATTHEWS		
S. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURIT	Y NO. 17. INFOR			ddress	
(Yes, no, or unknown) (If yes give wor or do	otes of service)					
1B. CAUSE OF DEATH (Enter only on	e couse per line for (a) (b) and (c	1)				NTERVAL BETWEEN
DADT I DEATH WAS CALISED DV.	1	, ,				ONSET AND DEATH
981X IMMEDIATE C	AUSE (o) Bilateral h		Ch out one	lan abank and		
Conditions, if ony, which gove	DUE TO Shot gun wo					
rise to immediate couse (o), ((b)	ab	dominal	cavity.		
stoting the underlying couse	DUE TO					
lost.	(c)					D. MILE ALIVE DOW
PART II. OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT !	NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		9. WAS AUTOPSY PERFORMED?
5					4	YES 🔀 NO 🗌
200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW IN	JURY OCCURRED. (Enter	nature of injury in	Port I or Port II of item 1B.)		
	Shot, dur	ing attemp	ted robbe	e ma		
20c. TIME OF INJURY Month, Doy, Ye	ar 2Dd. INJURY OCCURRE	D 2De. PLACE OF	INJURY (Home, form	n, 20f. (City or town)	(County)	(Stote)
Hour o.m. 6-8-	1967 While Nat While of work	e R 9101 R	reet, office bldg., etc.	Adelphi. M	anviland	
21. I certify that I took ch	orge of the remains describ	hed above held a	Autoney Fee	Inspection , Ir		nd in my opinio
	0 - 11			delicera		id in my opinio
deoth resulted from:	sturtal couses , Accider	nt [], Suicide [, Homicide		monner	
ACTUAL / total	X		CHIEF MEDICAL			22. DATE SIGNED
SIGNATURE 4	111)	M.I).	DICAL EXAMINER		
EXAMINER'S	, , ,			AL EXAMINER (X	,	0 / 17
NAME (Type) John Kehoe	M.D. Riverd	ale, Md.		t, city, town, or county)		-9-67
		OF CEMETERY OR CREMA		23d. LOCATION (City or		"
REMOVAL (Specify) 6/13		MEMORIAL CE		SANDY SPR		
2). FUNERAL DIRECTOR	ADDR	ESS	25q. REC		REGISTRAR'S SIGNAT	
He it L' suon	THE ROCKVIL	LE. MARYLA	ND DATE	1 5 1967 8	Marley &	noge.

VR A 15ME (5) 6M 1/67

0

		20835
stepre contri		· · · · · · · · · · · · · · · · · · ·
	2.5 (days - 1.25)	2507 88466 27
	liumes tothows.	10,25,00
	ME The dame of the control of	tored ein
1.4.5.8	SWINEYA	630,017
	THE PLANTING	SHALLAN E. MATHEUS,
	and the factor of the design of the said o	
* 1- 6		
	The state of the s	
New all	In account	.u. i parana esta
on Lordon Laster	TO YORK TENTINGS JATHERY HEA.	19/11/9 TVI VE. 2
	SOCIALLE, MINNAMO	The sent of the last

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08604	CERTIFICATE	OF DEATH	08602
	O. COUNTY PR. GEOR	GES MARYLAND	2. USUAL RESIDENCE (Where deceosed live o. STATE	red, if institution: Residence before odmission) b. COUNTY St. Mary 40
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Butside corporate lim Mechanicavil	nits, write RURAL and give neurest town,
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Pine View		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	8. NAME OF First DECEASED (Type or print)	Middle DELL	NATTINGS DEATH	Month Doy Year June 13 1967
	6. COLOR OR RACE 7. MARI	OWED DIVORCED	June 3, 1882 8	(In years IF UNDER 1 YEAR TIF UNDER 24 HRS. birthdoy) Months Doys Hours Min.
d	0o. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) **TOUSEWIFE 10 10 10 10 10 10 10 1	Ob. KIND OF BUSINESS OR INDUSTRY	91. BIRTHPLACE (County & Stote, or foreign of St. Mary S. Mary La. Morther's MAIDEN NAME	ountry) 12. CITIZEN OF WHAT COUNTRY 2 A
1	John Benjamin Bond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dates of service)		Mary Jane Grave	Address
	IB. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	He	len R. Smith 7007	Pleasand Hill Dr. Camp Supinitation State
	IMMEDIATE CAUSE (a) UE TO Conditions, if ony, which gove (b) rise to immediate couse (o),	ARTERSCI	LEROTIC CA	9RD10- 3HOU
	stoting the underlying couse DUE TO (c)	ASCULA	e DISEAS	TE / BAND
SOTIEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT			PERFORMED? YES NO
			(Enter noture of injury in Port I or Port II of	
MEDICAL	p.m. 19 o	While Not While foctors work of work	ory, street, office bldg., etc.)	y or town) (County) (Stote)
	21. I certify that (I) (this haspital) a saw the deceased glive on			that (I) (we) last microses and an the date stated above
	220. SIGNATURE Cliphed	Kotapenma	ATTENDING MED. PHYS. DIRECTOR D 22d. ADDRESS	STAFF PHYS. 22b. DATE SIGNED
/ = 2	NAME (Type) ALSI 230. BURIAL, CREMATION, 23b. DATE THEREOF	ZED R. LAPIN	ISMID CLII	N (City or Town) (County) (Stote)
	REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR REMOVAL (Specify) June 17, 19		emetery Laure 250. REC'D BY REGISTRAR	10 4 1 1
	W. Clarke Mattingley Leo	nardtown Marular	ad JUN 19 1967	youarles Judge

....

W. Clarke Mattingley Leonardtown, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and enabletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs/after dept. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

Cancel and a company of the second of the se BASIS RESTANDED W0931 1 1000 그녀를 걸게 들어보는 이 경험 그는 그 그 그 그리고 있는데 그 그래요? 그렇게 그렇게 되었다. and the second s Sales and the sales of the sale the make the carrie

development of the comment of the contract of

The control of the co

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08	60	5	•	CERTIFIC	ATE	OF DEATH			ng	603	
Ī	o. COUNT		Prince Ge	eorge's	MARYLAI	li li	2. USUAL RESIDENCE (o. STATE Mary:	Where deced	b. COU	tion: Residen	Geo	odmission)
	b. CITY OF write	TOWN (f outside corporate limit give negrest town)	ts,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If or				e neorest 1	town)
-			give negrest town)					h Bead	ch, Md.	(14.0	IS RESIDENCE
	Ma;	gnol:	al or institution (If n ia Gardens	Nursing	Home Home		d. STREET ADDRESS					ON A FARM? S NO x
3	DECEASED (Type or p)	Jose	irst :ph	Middle A	Ma	yhew	4. DATE OF DEATH	June Nor	11, 1	967	Year 19
S	sex mal	e	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthdoy) yrs.	IF UNDER Months		F UNDER 24 HRS Hours Min.
1 d	Do. USUAL Of	CUPATION tworking etir	(Give kind of work done life, even if refired) ed	10b. KI	ND OF BUSINESS OR DUSTRY eman		11. BIRTHPLACE (County Pro Geo Co	& Stote, or fo			TIZEN OF V	WHAT
1	3. FATHER'S		Joseph May	hew			4. MOTHER'S MAIDEN Sarah					
	S. WAS DEC	EASED EVE nknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S	SOCIAL SECURITY NO.		ormant seph F X Ma	ayhew	Bowie,		1	
	Condition rise to its storing last.	RT 1. DEAT	which gove e couse (0), e couse (0), lying couse	(a)	sicen ?	Lak	grou	J				VAL BETWEEN T AND DEATH
CEDTICICATION	PART II.	0	whete 1	melel		d					19. W PI YES	VAS AUTOPSY ERFORMED? NO
CEDTIC	20a. ACC OR CONT (IF EITHE	RIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (En	ter noture of injury in	Part I or Po	rt II of item 18.)			
MEDICAL	20c. TIN	NE OF INJU Hour o.r p.r	10	20d. IN While of work	Not While		OF INJURY (Home, form, street, office bldg., etc.)	(City or town)	(Cor	unty)	(Stote)
1	saw	the de	y that (I) (this horeceased alive on_		ed the deceased fro		leoth occurred at	1339	M, from causes	and on th	he dote	
		NATURE	MA SO	Ren	mb	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	726. 0/	ATE SIGNED	
/	N/	ME (Type)		Levtsky			22d. ADDRESS	t Rai	nier, Md	•		
2	30. BURIAL, REMOV	CREMATIC L Specify	June 1		23c. NAME OF CEMETER Tt Lincol				OCATION (City or To Imar Man		(County) o Geo	(Stote) Md.
	24. FUNERA		R	** 44	ADDRESS		2So. REC	D BY REGIST	RAR 2Sb 02	GISTRAR'S	IGNATURE	dge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

THE STATE OF THE PARTY AND THE PARTY. ALL ROSELLE . d come se com amoras berinan The state of the s Taken our transaction and the Company of the Compan . To end a world to be a fitted and

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burlal, cremation, or removal, and In any event within 72-nours after death. TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH FOR STATE HEALTH DEP 08606 DEPT.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	08	8	14	
tion:	Reside	nce 1	pefore	admissi

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Prince Georgis MARYLAND	a STATE
_b. CITY OR TOWN (If outside corporete limits. Ol c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL end give neagest town)
Beltword Work DOA	26 11 0. 11 14
d. NAME OP HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS J. O. 18 SESIDENCE
0	DN'A FARM?
3. NAME OF First Middle	(601 S. Main St-apt 601 YES NO)
DECEASED DA L	A DATE Month Day Yeer
(Type or print) / DEY/ TANLEY/ 5. SEX 6. CQLOR OR RACE 7. MARRIED WO NEVER MARRIED	8. DATE OF BIRTH 9. ASE (IN YOURS IFUNDER 1 YEAR IFUNDER 24 HAS.
MARKIEU NEVER MARKIEU	11/2 - /// lest birthday) Months Days Hours Min.
/ WIDOWED DIVORCED 10a. USUAL OCCUPATION (GIVE kind of work done 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
duning most of working life, even if retired) INDUSTRY / /	COUNTRY?
Soldier military	IENN. U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
hapler L. McUllister	Marya D. Bells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
yes - Active unknown	adyland state talice
18. CAUSE OF DEATH LEnter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Would make the common of the common o	ultiplice and
DUE TO (V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, if eny, which (b) Suize Troops	uls ampard lig -
geve rise to immediate cause (a), stating the DUE TO	al alice a full
underlying cause last. (c) That will M	ch aprisons Cintusers
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 I round from auto oc	cide (Titus Via) YES NO [
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NDT REL 20a. EXTERNAL CAUSE WAS PRIMARY PO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HDW. INJURY OCC CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PJ. While Port Work at work at work 25c.	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAUSE OF DEATH. Cervedently XIII by	a mator vehicle
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.J. Hour e.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. p.m. 19 While Not While at work	riet
21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔀, Inspection 🔀, Inquiry 🔀, and in my opinion
death resulted from: Natural causes , Accident Su	icide , Homicide , Undetermined manner
del still	CHIEF MEDICAL EXAMINER
SIGNATURE X 9 TO Walkins	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S DAV TAIL O MI ATIC	DEPUTY MEDICAL EXAMINER DO BOOK TO THE PROPERTY OF THE PROPERT
NAME (Type)	N Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETER	A A A A A A A A A A A A A A A A A A A
D.04121 - 0010	y com. Greenfield, Tenn.
W.W. Chanbers Co. INC. 1400 Chapping St.	W.W. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wash, A	C. DATE MN 2 8 1967 Icharles Judge

VR A15ME (5)

16

Tromisenshill wenture Bettween wood Heateley Springlike at 601 5 Man Straph 601 Robert Stanley May 11 STER June 12 4/27/44 23 Suldier military Robert of Mcallister Yours & Bills year in man river mening of Employed State Police now to multipliele and Sugar Frokuse amport in Frederic neck abrown anterenregime from auto occular (Pediatro) industry Willer a maker which * Shut North Millery x 337 annapation DAYTON O WATKINS And the same of th

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08607

-	01	20	The San
1 1	11	- 1 3	les.
1 2	/ T	06	
	100		

Prince George General Hospital Soft Eastern Avenue Prince George General Hospital Soft Eastern Avenue Prince George General Hospital Soft Hospital Soft Eastern Avenue Prince George General Hospital Soft Hospital Soft Hospital Month Doy McCauley DEATH Soft Hospital Prince George General Hospital Soft Hospital Month Doy McCauley DEATH Soft Hospital Prince George General Hospital Soft Hospital Prince George General Hospital Soft Hospital North Cauley DEATH Soft Hospital Soft Hospital Soft Hospital Soft Hospital Prince George General Hospital Soft Hospital Prince George General Hospital Soft Hospital S	IS RESIDENCE ON A FARM? ES NO THE NOTE OF
With RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George General Hospital 3. NAME OF December First Middle December Mean Month Doy Month Doy Months Doys Mon	IS RESIDENCE ON A FARM? ES NO S Year 19 67 IF UNDER 24 HRS. Hours Min.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Prince George General Hospital 507 Eastern Avenue 108	IS RESIDENCE ON A FARM? ES NO S Year 19 67 IF UNDER 24 HRS. Hours Min.
Prince George General Hospital SOT Eastern Avenue YE	Yeor 19 67 IF UNDER 24 HRS. Hours Min.
Prince George General Hospital SOT Eastern Avenue YE	Year 19 67 IF UNDER 24 HRS. Hours Min.
3. NAME OF DECEASED PUER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 13. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE OF MARRIED SEX Middle NEVER MARRIED BY NEVER MARRIED BY NEVER MARRIED BY DIVORCED ATTENDED BY NORTH Carolina 10. USUAL OCCUPATION (Give kind of work done during roast of work nowline life, even if retired) 10. USUAL OCCUPATION (Give kind of work done during roast of work nowline life, even if retired) 11. BIRTHPLACE (Stote or foreign country) North Carolina 12. CITIZEN OF V COUNTRY? NORTH Carolina 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTER ONSE TIME ONSE TIM	19 67 IF UNDER 24 HRS. Hours Min.
(Type or print) Mathew S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED 3. August 1886 North Carolina 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer 10. WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) North Carolina 12. CITIZEN OF V COUNTRY? North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If under year in under the principle of th	Hours Min.
S. SEX 6. COLOR OR RACE The property of the	Hours Min.
male negro DIVORCED 3 August 1886 80 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIV. KIND OF BUSINESS OR INDUSTRY North Carolina DIV. KIND OF BUSINESS OR INDUSTRY North Carolina DIV. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure H200 DIVE TO Arteriosclerotic heart disease Unknown) (h) Conditions, if ony, which gove) (h) Arteriosclerotic heart disease Unknown) (h) (,,,,,,,
10b. KIND OF BUSINESS OR INDUSTRY 11c. USTAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11c. UTIZEN OF NORTH Carolina 11c. MOTHER'S MAIDEN NAME 11c. UTIZEN OF NORTH NAME 11c. MOTHER'S MAIDEN NAME	WHAT
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) DUE TO Arteriosclerotic heart disease UNIX. Conditions, if ony, which gove) (b)	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) DUE TO Arteriosclerotic heart disease UNIX. Conditions, if ony, which gove) (b)	
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove) (b)	
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove) (b)	
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove) (b)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure H200 DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove) (b)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure H200 DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove) (b)	
#200 DUE TO Arteriosclerotic heart disease unkn	RVAL BETWEEN
Conditions, if ony, which gove)	tes
	nown
rise to immediate couse (o), Stating the underlying couse DUE TO	
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	VAS AUTOPSY
P YES 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 201. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH	ERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
PRIMARY OF CONTRIBUTING	
	12.
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County)	(Stote)
p.m. 19 of work of work	
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and i	in my op i nion
deoth resulted from: Natural courses of Accident , Suicide , Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
SIGNATURE 22	. DATE SIGNED
TOTAL THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS	~ /~
2 EXAMINER'S John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	7-67
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
REMOVAL (Specify)	
Burial (5/10/67 Harmony Maryland 24. FUNERAL DIRECTOR DE 250. REGISTRAR 2 250. REGISTRAR 2 250. REGISTRAR 3 SIGNATURE	
24. FUNERAL DIRECTOR DELLA ADDRESS (250. RECD BY REGISTRAR'S SIGNATURE STEWART FUNERAL HOME 4001 Benning Rd. DJUN 12 1967 (Charles)	

- Layer and sentential

the control prefere to the first that the control e costs nearly a West of the second

Ton our men sich gen

Total Series 197

emmath decide places consists any

test and the second of the sec

THE STATE OF COURSE TOUR STORY THE STATE OF

e IS RESIDENCE ON A EARM?

Month

IE UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

USA

Months

YES NO DE

Year

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19 67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 08608 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY 5 5 P.M.3. Poge Prince George's pages 1 and 2 with the State Department of MARYLAND District of Columbia delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cheverly DOA Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS miner's Office along with form intropencil in Item 18. Give Pages 1, Prince George General Hospital 232 15th. St. 3 NAME OF Middle DECEASED Mackie Mc Queen (Type or print) DEATH 9. AGE (In years S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 25 August 1916 Male Negro 50 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Private South Carolina Minister 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within hours Lottie Pounzey Lawrence McQueen IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service)

Yes

WW IT 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 250-20-2393 Mrs. Bessie McQueen-232 15th St N E to the Chief Medic 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) buriol-tronsit event \ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Laceration of brain This certificate should writing the word DUE TO Fracture of skull ony Conditions, if ony, which gove rise to immediate couse (a), 2 DUE TO stoting the underlying couse 0 forwarded be used removol, the certificate, 90 20o. EXTERNAL CAUSE WAS 3 should PRIMARY Gr CONTRIBUTING 4 should cremotion, or TCAL EXAMINER: CAUSE OF DEATH. Pedestrian struck by car. 2 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Page 11:40pmp.m. 6-5-Natural causes Aggldent oc death resulted fram: Suicide . Hamicide prior to

19. WAS AUTOPS) PART II. OTHER SIGNIERCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PEREORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (City or town) (County) (State) while of work of work capitol Beltway near Rt. 295, Prince Geo. Co. 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [x], Inquiry [x], and in my apinion Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Riverdale, Md. NAME (Type) John/Kehoe, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOE 6-10-67 Lincoln Memorial Cemetery Suitland, Md. 24. FUNERAL DIRECTOR John T. Rhines Co ADDRESS 3015 12th | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE St., N.E., Wash., DC DAIL Funeral Home

moy be retained for your FUNERAL DIRECTOR: Page the funeral director. 5 moy b ro FUNER Health

VR A 15ME (5) 6M 1/67

a symbol control

Comment

Enderton and English and Engli

= Allonh

The Committee of the Co

at the state of the same of

and the stocks well-seemed in

till of it and it is a point typical . D. . Architectus de la Company de la Compa

Through the company of the control o

ALL DESCRIPTION OF THE PARTY DESCRIPTION OF TH

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08603

CERTIFICATE OF DEATH

08607

	PLACE OF DEATH O. COUNTY PR	RCE'S MARYIAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	dence before odmission)
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		
	UNIVERSITY PAT	2K	HYATISL	ILLE	16.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_	4206 GAST. WE		4206 EAST		WAY YES NO NO
	NAME OF First DECEASED (Type or print) LOU/S	ARCHAE	MEADOR OF DEA	11/1/1	2 Doy Year 19 67
-	44 00 3	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 5- 9- 06	9. AGE (In years lost birthday) Months	ER I YEAR IF UNDER 24 HRS bays Hours Min.
10a dur	a. USUAL OCCUPATION (Give kind of wark dane ring mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (County & State, or V & R G & N	foreign cauntry) 12.	COUNTRY? U.S.A.
13.	FATHER'S NAME RICHARD LOUI	S MEADIR	14. MOTHER'S MAIDEN NAME	DUNFORD	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give wor or dates af ser	. 16. SOCIAL SECURITY NO. 17.	INFORMANT LMA MEADO	R-HYATTS	rill EMD
	IB. CAUSE OF DEATH (Enter only one cause poper of the part i. Death was caused by: MMEDIATE CAUSE (a) DUE TO	er line far (a), (b), ond (c).)	MARY OCCL	USION	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave isset a immediate cause (o),	ATTE	troscienosis		UNKNOWN
	last. underlying couse (c)	DIA	BETES MELL	LITUS	UNKNOWN
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Part I or I	'art II af item 1B.)	
MEDICA	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19		ACE OF INJURY (Hame, form, ctory, street, affice bldg., etc.)	. (City or town) (Caunty) (State)
	21. I certify that (1) (this haspita saw the deceased alive an 22	1) attended the deceosed fram	at death accurred at 11 P	ta	947, that (I) (we) last the dote stated above.
	22a. SIGNATURE	oursun M	.D. ATTENDING MED. DIRECTOR	CTAPP	DATE SIGNED - 67
	22c. PHYSICIAN'S NAME (Type) C - J . H C	SUMANN	22d. ADDRESS RIV	erdale i	MD.
230	b. BURIAL (REMATION, REMOVAL (Specify) Burial June 30,	23c. NAME OF CEMETERY OR 1967 Ft Lincoln Co		LOCATION (City or Town) mar Manor Pro	Geo Md.
24	Funeral director Gasch's Sor	ADDRESS As Hyattsville, M	d. 250. REC'D BY REGILD ATE JUL 3	STRAR 1967 REGISTRAR	S SIGNATUR Judge

The grant of the contract of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00610

anena

E		00010	WEI	DICAL EXAMI	MEK,2 CE	RIIFICATE	OF DEATH	UE	shua	
PT.		LACE OF DEATH			2	. USUAL RESIDENCE o. STATE	(Where deceosed live	ed, if institution b. COUNTY		re odmission)
			als	MAR	YLAND	Florida		D. COUNT		
1	b	Prince George CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	nits,	c. LENGTH DF STAY	IN 1b c	CITY DR TOWN (If	outside carparate lim	its, write RURAL	ond give neare	st town)
		Cheverly		DOA		Jacksonv	ille	49	7. 3	
-	d	. NAME OF HOSPITAL DR INSTITUTION (IF	not in hospitol,	give street address)	d	. STREET ADDRESS				e. IS RESIDENCE DN A FARM?
I		Prince George Ger	neral H	ospital	,	7070 Roll	o Road			YES NO
İ		IAME OF	First	Middle		Lost	4. DATE	Month	Doy	y Year
		FECEASED Type or print) Jan	nes	Benjamin	N	leeks	OF DEATH	6	13	19 67
	S. S	EX 6. CDLOR DR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male White	WIDOWED	DIVORCE	0 0 10	August 1			Months Days	Hours Min.
	10o.	USUAL DCCUPATION (Give kind of work dor	ne 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (Stot	e or foreign country)		12. CITIZEN O	F WHAT
ŀ	aurii	g most of working life, even if retired) Truck driver	Ex	NDUSTRY Dress co		Coffee Co	ounty Geor	rgia	UCOUNTRY	(
Ī	13.	FATHER'S NAME			11	4. MOTHER'S MAIDEN		-		
		Dan Meek	S			Ava S	Stevens			
ľ	15.	WAS DECEASED EVER IN U.S. ARMED FORCE	? 16	. SOCIAL SECURITY NO.	17. INFO		V. TE	Address		
I	(1 6	, no, or unknown) (If yes give war or date	s of service)		100 AI	in Mc Corr	nick Ja	cksonvi	lle Flo	rida.
F		18. CAUSE OF DEATH (Enter only one of	ouse per line fo	or (o), (b), ond (c).)						TERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IMMEDIATE	SE (o)	Bilateral	hemoth	oray				NSET AND DEATH
ı		8230 DI	JE TD	Trauma-aut						itildeep.
ı		Conditions, if ony, which gave rise to immediate cause (a),	(b)	zi adma ade	o acci	den c				
1		stoting the underlying couse	JE TO							
		lost.	(c)							
	<u> </u>	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE	TERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(o)	19.	WAS AUTOPSY PERFORMED?
ı	Ĭ	N			77. 8					YES NO
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY XX or CONTRIBUTING		DESCRIBE HOW INJURY O						
		CAUSE OF DEATH.	Dr	tuer of the	nek wh	ich hit o	mhankmont			
1	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m.	20d.	Not While	Zoe. PLACE C	street office bldg et	Geor	geoCour	nty County	(Stote)
	W	11:47amp.m. 6-13-1	67 otwo	ork of work	Rt. 30	01.3/4 m	ile south	of Rt.	4. Pri	nce
-		21. I certify that I took char	ge of the re	emoins described o	bove, held	on Autopsy	, Inspection	x Inquir	y x, one	d in my opinio
		deoth resulted from: Notu	rol sayses [Acident A	, Suicide	, Homicid	e, Undete	ermined mon	ner 🗌	
		ACTUAL ACTUAL	1	1X V	1	CHIEF MEDICA	AL EXAMINER			
		SIGNATURE	M	1000		YI.U.	EDICAL EXAMINER			22. DATE SIGNE
		EXAMINER'S	,				CAL EXAMINER X		,	21 /2
-		NAME (Type) John Kehoe		Riverdal	e, Md.	Address (Stre	et, city, town, or cou			-14-67
	230.	BURIAL, CREMATION, REMOVAL (Specify) Removal	HEREOF 15, 196	7 Giddens				N (City or Town		(Stote) Florida
1										
1	24.	FUNERAL DIRECTOR Gasch's	ions H	vattsville	. Md.	230. KE	D BY REGISTRAR	Milia	STRAR'S SIGNATU	Ani

xcronicron innsisik

Tradition came areas it

8

of truck which hit embeddant.

dolin deren, ... Controller, Cu.

dolinate Cu. 12-15 (Chimeron and Chimeron and Chi

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08611		CERTIFICATE	OF DEATH		0.5	2000
	ACE OF DEATH COUNTY PENDER	FOREES	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in	stitution: Residence COUNTY	delate (dialission)
	CITY OR TOWN (If outside write RURAL and give ne FREENBELT	coveres		BoWIE	utside carparate limits, write	RURAL and give no	16.1
1	- //	NUALES CEN	naspitol, give street oddress)	d. STREET ADDRESS	SHAWHONT ,	CA.	e. IS RESIDENCE ON A FARM? YES NO
DE (Ty	ME OF CEASED pe or print)	First CLARA	(nmi)	MENARD	OF DEATH	Manth 6	Day Year 4 19 67
S. SE)	Temale W	hite w	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 5/22 / 12		y) Manths De	ays Haurs Min.
10a. U.	SUAL OCCUPATION (Give ki	nd of work done if retired)	OWNTHOME	New Yor			N OF WHAT
	ATHER'S NAME Charles Pa	tterson		14. MOTHER'S MAIDEN Mary	NAME Rabibeau		
IS. W	(If yes gi	ARMED FORCES? ve war ar dotes of serv		nformant onald J. Me	nard Same	Address as #2 (s	on)
1	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (0)	r line for (a), (b), and (c).)	eluse			INTERVAL BETWEEN ONSET AND DEATH
	anditians, if any, which g se ta immediate cause		Melostatie Ca	round	of the lu	ng	6 mos.
lo	toting the underlying co	(c) _	Arteroscholic	hunt a	lyinge		10 Yans.
CERTIFICATION	ART II. OTHER SIGNIFICAN	menslizes	BUTING TO DEATH BUT NOT RELATED TO	4	NDITION GIVEN IN PART 1(c	1)	19. WAS AUTOPSY PERFORMED? YES NO
	0o. ACCIDENT WAS UNDERL OR CONTRIBUTING □ CAUSI IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I or Part II of item 1E	.)	
MEDICAL	Oc. TIME OF INJURY Mor Hour a.m. p.m.	nth, Day, Year 19		CE OF INJURY (Home, forr ory, street, affice bldg., etc.		n) (Count	y) (Stote)
	sow the deceosed) ottended the deceased fram	t deoth occurred of	19 <u>67</u> ta <u>6</u> — 1 <u>7537</u> M, from cou	ses ond on the	
	220. SIGNATURE	il f.	Clerities M.		MED. STAFF DIRECTOR PHYS.	22b. DATE	SIGNED 4 -6 7
	22c. PHYSICIAN'S NAME (Type)	DEL V	· QUINTAUD	22d. ADDRESS 12004 A	oyaluck (in, Bu	my and .
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 6/7/67	23c. NAME OF CEMETERY OR Holy Trainity		23d. LOCATION (City of Greenfield		in Mass
	FUNERAL DIRECTOR Crancis Gas	sch's Sons	ADDRESS Hyattsville, Md	2So. REC		REGISTRAR'S SIGN	NATURE CONSTRAIN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon appers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours are east. Poge 4 moy be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

	A IT TO SEE THE MET AS IN	TO DEMINATE OF		
44				21030
			()	
				and the second second
		A LO MARKET		
				an explanation of
		100	zezhvegagy.	po al rota Latina VIIII

08612

CERTIFICATE OF DEATH

08610

e. IS RESIDENCE ON A FARM?

YES NO K

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

YES NO

(Stote)

(Stote)

Md.

Prince Georges

IF UNDER 1 YEAR

Days

12. CITIZEN OF WHAT

Months

b. COUNTY

Time

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Prince Georges MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cheverly 4 days akk Avanus Brentwood filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS within 72 Prince Georges General Hospital 3606 39th Avenue 3. NAME OF Middle 4. DATE Lost DECEASED (Type or print) Alfred Merkel DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED XX B. DATE OF BIRTH NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 22 Feb. 1911 56 11. BIRTHPLACE (County & Stote, or foreign country) Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Md Painter Decorator 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal. Ernest Merkel 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 578 03 3409 17. INFORMANT Ruth V Merkel Brentwood, Md. OL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year Hour 'o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from 5 - 1 1967 to 6 saw the deceased alive an 6 ^ 2, and that death accurred out ODAM, from causes and on the date stated above. 220. SIGNATURE directar, page 3 shauld be filed v DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 3717 38th Ave. Cottage City Maryland J. Hageage, M. D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) June 12, 1967 Colmar Manor Pro Geo Ft Lincoln Cemetery ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

gate be executed within 24 haurs after death. 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

F. Gasch's Sons Hyattsville, Md.

PHYS.

(County)

22b. DATE SIGNED

(County)

77 93/0

Thinker Wednesday

Marsland Daile Tring Series

g garante to the

approve diffe about ______ indicated larges control

Total - Tr

F. dt Mil. du Li

the momentum of the result of the second of

Helio, a Francisco

bonders, till gestle . swi Little

Correct J. January V. - 1.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

E SE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00049	 				
08613		CE	RTIFICATE	OF	DEAT

0	3	50	4	4
1 1	8	h	1	1
U	V	W	4	.IIL

			4		0. 0			000			
1. PLACE OF DEATH					2. USUAL RESIDENCE (V						
	CE GEORGES	1914	MARYL		MARYLANI					RGES	;
b. CITY OR TOWN	(If autside carparate limits, and give negrest town) EWS AF BASE		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If au		orate limits, write RUF	AL ond give	e nearest	town)	
			1 DAY		SUITLANI)			16	2 1	71100
	PITAL OR INSTITUTION (If not				d. STREET ADDRESS				e.	. IS RESID ON A FA	IRM?
	HOSPITAL A				1621 LEW				Y	ES X	NO 🗌
3. NAME OF DECEASED	Firs		Middle	10	Lost	4. DAT			Day	Yea	
(Type ar print)	MICHAEI		LEWIS		MIEHLE	DEA			22	196	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	اها	. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Months	Days	IF UNDER Haurs	Min.
MALE	CAU	WIDOWED	DIVORCED			967	Yrs.	10.617	I	LAC-LAT	
during most of warking	ON (Give kind af wark dane ng life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			COL	IZEN OF UNTRY?	WHAI	
NA 13. FATHER'S NAME			NA	-			GES, MD.		USA		
					14. MOTHER'S MAIDEN N						
HENR!	Y JOSEPH MI VER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17 10	JOAN (NN	11)	JONES Addre				
(Yes, no, or unknown	(If yes give wor or dotes of	service)									
NO	NA NA		VA (I)		FAMHER		SAME A	S #2	Later	DIVAL DETI	AZEFAL
	DEATH (Enter only one cous- EATH WAS CAUSED BY:									RVAL BETV ET AND DI	
773	//		MONARY IN	SUF.	FICIENCY			-		- 10	
Canditions, if a	DUE T	-	THE MEMB	DANI	E DISEASE			-	1	Day	
nse ta immedi	ate cause (o),		THE REIT	IVAIN.	L DISEASE					pay	
stating the und	derlying cause	c)									
PART II. OTHER	SIGNIFICANT CONDITIONS CO		O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(o)		19. \	WAS AUTO	PSY
NOIL									F	PERFORME	ED? NO 🖂
200. ACCIDENT W	VAS UNDERLYING 🗆	1 20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in F	Part I ar	Port II of item 18)		16.0	1	10
OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER)			,,,,,,							
	NJURY Manth, Doy, Yeor	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	201	f. (City or town)	(Cou	inty)	(5	State)
Hour Hour	o.m. 19	While of work	Not While of work	focto	ry, street, office bldg., etc.)						
	tify that (IX (this hosp			rom	21 June,	9 67	to 22 Ju	ne 19	6.7 the	nts#1) /s	we) las
	deceased alive on				death accurred at	1:00	M fram causes	and an th	ne date	stated	abave
22a. SIGNATUR		//	11-1-	1		971,403	CTAFF	22b. DA	ATE SIGNE	D	
10	gri Can	KA	Do Ben	MAN		MED. DIRECTOR				e 67	1
22c. PHYSICIAN	ROGER E.	SPIZZI	ER CAPT	USA	L'INIT		Hospita				
IVAINE (LY)	JANUALI II.			OUA.	. 1.10	Andr	ews AFB	Wash	DC	203	131
230. BURIAL, CREMA	11		23c. NAME OF CEMET				LOCATION (City or Tax		(Caunty)		rate)
BEWSAN'S Dec	0,2,0		KENLY NO	RTH			ENLY, NORT				11
24. FUNERAL DIREC	KUBEKI E.	WILHEI	M FUNDERSAL	HOME	2Sa. REC'D	BY REGI		GISTRAR'S SI	GNATURE		100
4308 SUI	ITLAND ROAD,	SUITLA	ND, MARYLA	ND .	DATE	N 2	B 1967 /	Charl	A Day	1	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after departs. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

JEAROJH JABO THINKS WAO ZIAK

egges and samering black.

THAT PRIMOS SECRESS, MI.

NA THAS SUBMARY AND THE AS EA

SOUTH PRINCIPLE STATE OF THE ST

STUDY (THE) PAGE 23 ATT ATTEMPT TO THE STUDY THE STUDY TO
ULAE NOSPETAL ANDREWS

DESCRIPTION LAST LOCALITY OF TARK TO THE STREET STREET STREET STREET STREET STREET STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-requificate be executed within 24 haurs after death.

5 7 6 7 7 3	3
08612	

	08614			CERTI	FICATE	OF	DEATH					988	12	
	PLACE OF DEATH O. COUNTY	Prince Geo	rges	MA	RYLAND	2. US 0.	ual Residence STATE Mary 1 a	(Where d	eceased li		ion: Resider			ion)
	b. CITY OR TOWN (write RURAL on	If autside corporate limit d give nearest town) Cheverly	s,	c. LENGTH OF STAY		c. CIT	OR TOWN (If	outside co		mits, write RUI	RAL ond giv	e neares:	town)	
-		Cheverly TAL OR INSTITUTION (If no	et in housitel a	17 days	5	J CTI	Seat E	leas	ent		/	16/	IC DEC	DENCE
4		Georges Gen				0. 311		70th	St ra	o.t			ON A	FARM?
1	3. NAME OF		etat m	Middle			Lost	4. DA		Mont	th	Day		NO U
	(Type or print)	Wi	lliam	M		Mi	les	OF		Jun		6		7
1	5. SEX	6. COLOR OR RACE		NEVER MARRI	ED B	DATE	OF BIRTH		9 AG	E (In years	IF UNDER			R 24 HRS.
1	lale	White	WIDOWED	DIVORC	ED 🔲	1	Aug., 1	1901	65	st birthday) yrs.	Manths	Doys	Hours	Min.
	100. USUAL OCCUPATION during most of working Retire			ND OF BUSINESS OR DUSTRY			RTHPLACE (Counashing					TIZEN OF	what .A.	
	13. FATHER'S NAME					14. M	OTHER'S MAIDE		d	30000				
	eorge	Miles				M	Unkno	WN						
	15. WAS DECEASED EVI (Yes, no, or unknown) Yes	ER IN U.S. ARMED FORCES? (If yes give wor or dates o	f comico)	social security no. $78-01-1$		IFORM.	Mrs. H	l. Mi	les	Addre Sam	ess e as	2d		
		which gave) te cause (a),	(o) (b) (c)	(o), (b), and (c).) A cute Mylriose Congesta	Com	na	y Heart least	Thru Fa	m bo Visea ilis	yn sl	sec.		RVAL BE	
	PART II. OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT R	ELATED TO TH	HE TERA	MINAL DISEASE C	CONDITION	GIVEN IN	PART 1(o)	20		WAS AUT PERFORM S	OPSY MED?
	HE FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (I	Enter no	ature of injury i	in Part I a	r Port II a	f item 1B.)				
	20c. TIME OF INJ Hour a.	10	20d. IN While at work		20e. PLAC	E OF IN	JURY (Hame, fa t, affice bldg., et	tc.)	Of. (Cit	y ar tawn)	(Co	unty)		(State)
	saw the d	fy that (I) (this has eceased ali ve on	pital) attend			death	accurred o	19-7	_, ta _ _phy fro	om causes				we) las d abave
	220. SIGNATURE	mun X.)n	neare	M.D.	PHY		MED. DIRECTO	OR 🗆	STAFF PHYS.	22b. D	ATE SIGNE	96:	2
	22c. PHYSICIAN'S NAME (Type	Norman	D. (omen	umi		d. ADDRESS /	enn	45	TMI	Nai	Nie	n.	md
	230. BURIAL, CREMATIO REMOVAL (Specify Burial			23c. NAME OF CE	METERY OR C	REMATO	DRY .	230	LI LOCATIO	N (City or To	wn)	(County)	(State)
	Lee Fun	OR /		ADDRESS O	on, I	o.c	25d FE	AP # RI	ISTRAP 196	7 25h 81	EISTRAR'S S	GNATUR	dan	

VR A15 (4) 25M 1/67

MFMALE CONTRACTOR OF THE SECOND CONTRACTOR OF

	+103	
honlyses inner FT tau	Strov-15	
Miles	HITM	
	estable Barris	
Walter Street		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DOCIK

08613

00013	CERTIFICATE	Ur DEATH		
1. PLACE OF DEATH o. COUNTY Prince Connector	ALA DVI AND	o. STATE	b. COUNT	
b. CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 16	6 Maryla	nd Pri	nce George's
write RURAL and give neorest town)	C. LENGIH OF STAY IN ID	c. CITY OR IOWN (It autside	corporate limits, write KUK	AL and give nearest town)
Cheverly	16 days	Morning	side	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Prince George's Gener	al Hospital	6520 Suit	land Road	YES NO
3. NAME OF Firs	Middle		DATE Month	Doy Year
DECEASED (Type or print)	uthM_	2//11	OF DEATH Town O	18 19 67
A	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
			lost birthdoy)	Months Doys Hours Min.
Fem. Cauc.	WIDOWED DIVORCED	5-15-98	69 yrs.	
10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto	ote, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife	INDUSTRY	Washington,	D. C.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
Samuel Bacon		Rosa E. Mun		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	6521 Switz	land Road
(Yes, no, or unknown) (If yes give wor or dotes of	service)	oseph M. Mille		
		1	L MAAN MOLII	
18. CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	(OBOUNDS /	en mech	age-	INTERVAL BETWEEN ONSET AND DEATH
X X / V		1 11 0		
Conditions if any which save >	(at a lace-of small.	as blates	in her	1000
Conditions, if ony, which gove is to immediate couse (a),		vi janer	100 auro	10 473
stating the underlying couse DUE T	0			
	()			
	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON CIVEN IN DADT 1/o)	19. WAS AUTOPSY
S I SKI II. OIILK SIGNIFICANT CONDITIONS CO	1 .		ON SIVEN IN PART I(0)	PERFORMED?
\$Y	I WITCH	min		YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
pant.	ital) attended the deceased fram_	, 19	to	10 +bat (1) /\ 1-
saw the deceased alive on	6- 19 67, and the	t deoth occurred a <u>B • 1</u>	OAM, from couses o	, 19that (I) (we) la nd on the date stated obov
220. SIGNATURE	11/1			22b. DATE SIGNED
1/1/1/	Letter M.	D. PHYS. DIRI	CTOR D STAFF	
22c. PHYSICIAN'S NAME (Type)	M.	22d. ADDRESS	CTOK PHYS.	
tanine (1) be)				
23o. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	n) (County) (Stote)
REMOVAL (Specify) 6-21-19				Maryland
24. FUNERAL DIRECT Robert E. Wi 4308 Suitland Road	Suitland Maryland	2So. REC'D BY		ISTRAR'S SIGNATURE
1000 bull blund aloud		DATE LINE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V A A

DAMUN 2 1

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs atter death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

*

abicontince subset

Prince George's Conerni Bosnical | Dozd Justiand Base College

18 81-8 001.5

and the gradual state of the

1	0861	6		CERTIF	ICATE	OF DEATH			086	14	
	o. COUNTY Pri	nce George	's	MARY	1	o. STATE Mary	Where deceosed lived	d, if instituti b. COUN	on: Residence be	fore odmissio	on) S
	write RURAL and	outside corporate limit give nearest tawn)	S,	c. LENGTH OF STAY I	11	CITY OR TOWN (If ou	tside corparate limit		AL ond give neo	rest town)	
		lle, Md. LOR INSTITUTION (If no 43rd aven				STREET ADDRESS 5506 43	16.1	e IS RESIDENCE ON A FARM? YES NO			
	NAME OF DECEASED (Type or print)		orge	Middle	Mil	lost ligan	4. DATE OF DEATH	Jun		oy Yes	or 67
5.	male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	- L A -	oril 18, 18	9. AGE (lost	In yeors pirthdoy) yrs.	Months Doy	_	R 24 HRS Min.
duri	ng most of working l	'k	U SN	ND OF BUSINESS OR DUSTRY GOVERNMEN	t	11. BIRTHPLACE (County Scotlar		intry)	12. CITIZEN COUNTR US	Y?	
13.	FATHER'S NAME	lexander Mi	illigan			4. MOTHER'S MAIDEN Christ	name ina Kerr	4 11 }			
IS. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)	SOCIAL SECURITY NO.		n B Millig	gan Hyat	Addre		ı.	
		ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	60.	(o), (b), ond (c).)	cas I	Henelin				NTERVAL BET	
	Conditions, if ony, rise to immediate stoting the under lost.	which gove as couse (o),	TO Q		8	Hert Do	Sigl				
ATION	PART 11. OTHER SIG	ENIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE	TERMINAL DISEASE COI	NDITION GIVEN IN PA	ART I(o)		9. WAS AUTO PERFORM YES 7	OPSY NO
L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJURY OF	CCURRED. (En	er noture of injury in	Port I or Port II of i	tem 1B.)			1 6
MEDICAL	20c. TIME OF INJU Hour 'o.n p.n	10	20d. IN While ot work			OF INJURY (Home, farm street, office bldg., etc.)		or town)	(County)	((Stote)
	21. I certif	y that (I) (this has ceased alive an_	spital) attend	ded the deceased	fram 4	eath accurred at	974, to 5	13	, 19 <u></u>),	that (I) (we) lo
	220. SIGNATUR	Reit)		M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.	22b. DATE SI		7
	22c. PHYSICIAN'S NAME (Type)	A Deitz	5		300	Pro Geo P	laza Hy	attsv	ille, M	d.	
230	BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CEME			23d. LOCATION		vn) (Cour		Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician.

00

VR A15 (4) 25M 1/67

HI 434 30 TANKED

The state of the s

80.50

the term of the all and a contract

THE RESIDENCE OF THE PARTY OF T

. III . LATER J. LOC M. Spine . .

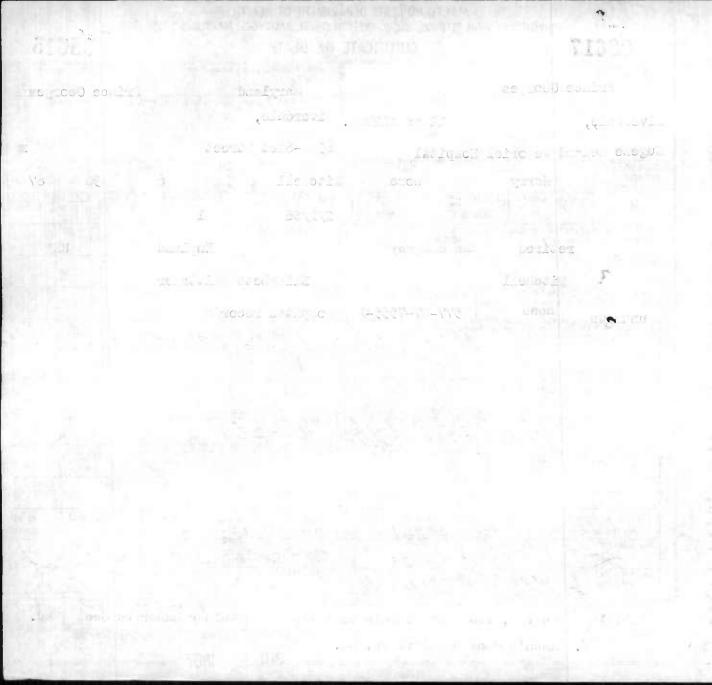
08617

CERTIFICATE OF DEATH

08616

	0.0	OT.			CERTIFICA		OI PEAIII					00	OT.	9
1.	PLACE OF DEAT	Н				1 2	. USUAL RESIDENCE	(Where dec	eased lived,			nce befare	admissio	n)
	o. COUNTY p.	rince Geor	rac		MARYLAND		a. STATE	- 1		b. COUNT	-	- 0		
-		N (If outside carparate		T c IFI	NGTH OF STAY IN 1b	- II	Maryl CITY OR TOWN (If		arata limita	write PIIDA	Prin	ce G	eorge	1S
	write RURAL	and give nearest taw	n)				Riverdale		aidie iitiiiis,	WITH KOKA	it died gre	e neulesi	tuwit)	
-	Riverda		44		days22hr	. 10 4		,			6-1		10 0000	F.1166
		PITAL OR INSTITUTION		-		- 11	STREET ADDRESS	01				6	IS RESID	ENCE RM?
	Eugene	Leland Men	orial	Hospit	al		6309 – 61st	Stre	et			Y		NO T
3.	NAME OF		First		Middle		Lost	4. DATI		Month		Doy	Yeo	
	(Type or print)	Har	ry		none	M	itchell	OF DEAT	тн	6		30	19 6	57
S.	SEX M	6. COLOR OR RA	E 7. MAR	RIEDXX	NEVER MARRIED	7 B. 1	DATE OF BIRTH			years	IF UNDER		IF UNDER	24 H
	IVL	AA	WIDO	-	DIVORCED	1	2/2/86		9. AGE (In last bir	thday)	Manths	Days	Hours	Mi
10	n USUAL OCCUPAT	TON (Give kind of work			BUSINESS OR		11. BIRTHPLACE (Count	ty & State ar			12 (ITIZEN OF	WHAT	
du	ring most of work	ing life, even if retired)		INDUSTRY			II. BIKTI WENCE (COOK	ry a state, at			CC	OUNTRY?		
	. FATHER'S NAM		a	Gas co	ompany		A MOTHER'S MAIRE	L MARKET	Engla	and			USA	
13	. FAIRER 3 NAM	7				- '	4. MOTHER'S MAIDEN							
T		Mitch					Elizab	eth W	hittal					
		EVER IN U.S. ARMED FO			SECURITY NO.	17. INF	DRMANT			Address				
1.	- unk	non		577-	-07-7555-A	1	Hospital	recor	ds					
	18. CAUSE OF	DEATH (Enter anly o				11	0.0				-		RVAL BET	
1	PART I. I	DEATH WAS CAUSED BY		MA	ANA1	11	6/11/1	11/10	me	020	14	ONS	ET AND D	EATH
	491	X	DUE TO				1/9							
	Canditians, if	any, which gave	(b)				V					1		
		liate cause (o),	DUE TO											
	last.	iderlying couse	(c)											
		SIGNIFICANT CONDITI		TINC TO DEAT	THE DIT NOT DELATED	TO! THE	AEDMINAL DISEASE C	ONDITION C	VEN IN DAD	T 1/e)		I 10	OTIIA 2AW	DCV
NO.	PAKI II. UINER	SIGNIFICANT CONDITI	/ // /	ING TO DEAT	IN BUI NUI PELAIEU	5	PERMINAL DISEASE C	UNUITION G	VEN IN PAK	1 1(0)		17.	WAS AUTO	
CERTIFICATION		Un	w.	400	u of cer	M	· aco	004				YE	X	NO
RIF	OR CONTRIBUTE	WAS UNDERLYING □ NG □ CAUSE OF DEATH	2	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	ter nature of injury i	n Part I or f	ort II of ite	m 18.)				
	(IF EITHER, NOT	IFY MEDICAL EXAMINER												
MEDICAL	20c. TIME OF Haur	INJURY Month, Day, Y		20d. INJURY C			OF INJURY (Hame, fa		(City or	tawn)	(Co	ounty)	(:	State
W	11401	p.m.			Nat While at wark	a diding	street, office bldg., et	(.)	1					
	21. I ce	rtify that (1) (this	hospital) a	ttended th	ne deceased fran	1/2	ME8	19/5/	to Me	Miz	2. 19	Z, the	ot (I) (v	ve)
	saw the	deceased alive	in Juin	129	_1967, and	that d	eath accurred o	1 7 3	M. Iram	causes a	nd an t	he date	stated	abo
	22a. SIGNATU	RE /	1	/	1900			17	-			ATE SIGNE		
	0	2 W	m	al	un	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STA PH	YS.	6	131	1//	1
	22c. PHYSICIA		. 11/	# /	. / /	10	22d. ADDRESS	1			1	-	10	9
	NAME (Ty	(pe) L	14	AL	11/ 1/	V	1.	(hu	cac	Ka	6	12	10	(1
23	o. BURIAL, CREMA	ATION. 23h DA	TE THEREOF	234	NAME OF CEMETERY	OR CRE	MATORY	23d	LOCATION (My or Town	n)	(County)	(5)	ate)
1	REMOVAL Soe	15 1	7 3, 19		Lincoln				lmar l			Geo	Me	d.
2	4. FUNERAL DIRE	-	0, 10		ADDRESS			C'D BY REGIS		2Sb. REGI		SIGNATIID		
1	. TORENAL DIKE	F. Gascl	's Son	s Hvat	tsville.	Md.	230. KE	LU DI KLUI.	,,,,,,,,	ZJU. KLUI	SINAN 3	JOHNION		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH DEPT.

TO DEPUTY ME. EXAMINER: This certificate should be executed within 24 hours after death. If any delay eccessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event which 72 hours after death.

	MARYLAND STATE DEP	ARTMENT OF HEALT	TH	
Division of ST	MARYLAND STATE DEPARTISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S C	301 W. PRESTON STREE	T, BALTIMORE 1, MA	RYLAND
08019	MEDICAL EXAMINER'S C	ERTIFICATE OF	DEATH	00011
PLACE OF DEATH		O HEHRI DECIDENCE (When de		acidanaa hafana adm

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARY Land b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(nevery DOA	District Heights 16.1
d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS On a FARM? YES NOTE ON A FARM?
3. NAME OF DECEASED / First Middle	Lest 4. DATE Month Oay Year
(Type or print) OSEPH Henry	B. DATE OF BIRTH 19. AGE (In years I) FUNDER 1 YEAR II FUNDER 24 HRS.
6. COLOR OR RACE 7. MARRIED NEVĒR MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IFUNDER1 YEAR IFUNDER24 HRS. Months Deys Hours Min. Yrs. William Min. Min.
108. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRYELOCKTIC	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. PATHER'S MANYE	14. MOTHER'S MAIDEN NAME MARY MOORE
Lewis Henry moron	man fold - happy of the
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes pive war or dates of service)	INFORMANT / # // PARTIES The Je
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	My Sweiner District Augus
PART I. DEATH WAS CAUSED BY:	Oleman Land Sul munites
443X DUE TO 1/1	0100
conditions, if any, which gave rise to immediate (b) Hypersensu	re () piserse years
cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO SEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)
₹ 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes Accident, Sui	icide
SIGNATURE DOSON OWATER	M.D. ASSISTANT MEDICAL EXAMINER 3180mg DATE SIGNED
EXAMINER'S DAYTONO, WATKING	Address (Street, city, town, or county Blodenshurz Inc
PEMOVAI (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)
Burial Goods 6/30/67 Epiphany C	emetery Forestville Md.
Ritchie Bros. Upper Marlboro. Md.	With D o 1007 Office do Octob

VR AISME (5) 5M 1/65

internations DOA Didnist Thinks France George General despt of marifice Il CLOSEPH HORY MORAN - M. 12,9681 22 jude - Bus aludocida de la constante de l OROOM WITH the Coubrel Mountage furnished Hiperpension CV Beaux Ward Daston Orizething " Blistenstown me DEYTONG WATKING ... Euriel 5/30/67 Spiplaing Cometers Porcestille 24. Mitchie Bros. Upper Marlboro, Md. 20870 - 17 1 1 1

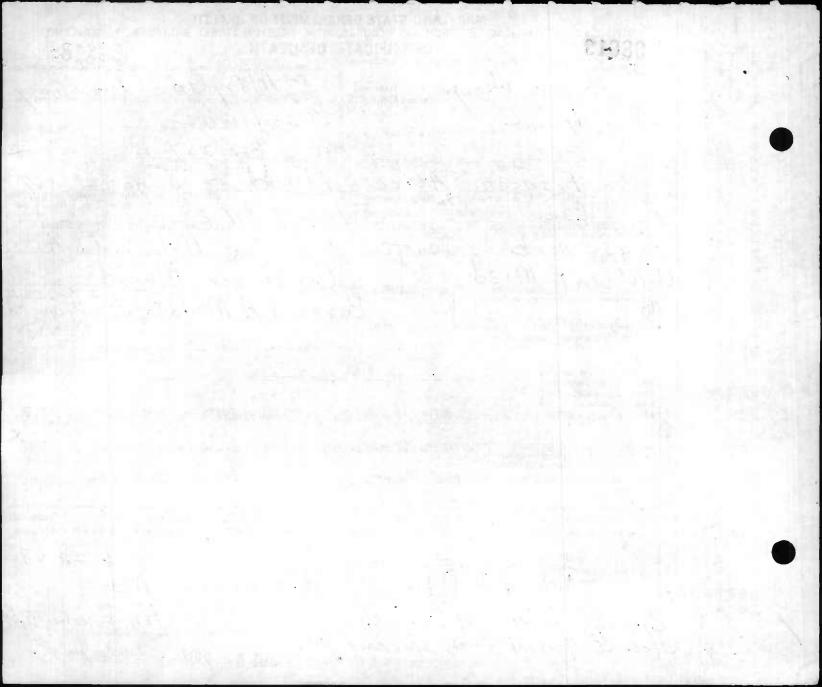
1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08613
CERTIFICATE OF DEATH
08618

_	00010	OLIVIIIIOAII	- OI DEATH		110010
1.	a. COUNTY		2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institu	Residence before admission)
	b. CITY OR TOWN (if outside corporate limit) wite RURAL and give nearest town)	ts, c. LENGTH OF STAY IN 1b	c. CLTY OR TOWN (If ou	tside corporate limits, write	RURAL and give nearest town)
_	Drandywine	ot in hearthal, when shoot address)	Brandy	wine	16.1
	d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in nospital, give street address)	RASTREET ADDRESS	13571	e. IS RESIDENCE ON A FARM?
3.	NAME DF First	Middle	A last 1 kg	. DATEMonth	Day Year
	(Type or print) Frances	Alice	Mudo	OF DEATH JUNG	28 1967
5.	CEV LC COLOR OR PLOT	RRIED'NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	INDER 1 VENSILETINDER 24 HRS
L	F Cau. WID	DOWED DIVORCED	Teb. 19.18	99 (ast birthday) Mo	onths Days Hours Min.
10a	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House work	Jelti	Clinto	n ///d.	U.S.A.
13	PATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME M	1-1
	. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	Pto Pura
(Y)	es no, or unkown) (If yes give war or dates of service	'No Be	rnard A	Mudd. Sr.	Brandywine Md
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]		1 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MOT HE	muleina		(0)
	4500 DUE TO	33	0		
	Conditions, If any, which (b)	Lundy Celt	un-lun		yes
	gave rise to Immediate (cause (a), stating the DUE TO				
	underlying cause last. (c)				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS COM	TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	RT1(a) 19. WAS AUTOPSY PERFORMED?
ICAT					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury In Part I or Part II of It	em 18.)
	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm		(County) (State)
MEDICAL		While Not While factor	ry, street, office bldg., etc.)		
>	21. I certify that (I) (this hospital) a		3-26 196	e to 6-28	19 67, that (I) (we) last
	7		1 40-		d on the date stated above.
134	22a. SIGNATURE	The state of the s	30001100		2b. DATE SIGNED
	\sim	. 9 also M.D.	ATTENDING MEI	ECTOR PHYS.	6-28-67
	22c. PHYSICIAN'S NAME (Type) Pich 3 20 /	t. Dobson	2200 ADDRESS	wine M	ld.
232		DF 23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town	or county) (State)
	BREMOVAL (Specify) July //	967 St. John		Clinton	Mince Geo. M.
24	FUNERAL DIRECTOR	ADDRESS O	Mal 25a. REC'D	BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. fter_death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 2DM 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon popers. Poges, I ond should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 22 haurs after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retoined by the hospitol or attending physicion.

	08620			CERTI	FICATE	OF DEATH			0	28	19	
	PLACE OF DEATH					2. USUAL RESIDENCE						
	PR.	INCE GEOR			RYLAND	MAI	RYLAI		PRINC			GE'S
	b. CITY OR TOWN (If	outside corporate limits		c. LENGTH OF STAY		c. CITY OR TOWN (If o	outside corp	porote limits, write RU	IRAL ond give	e neores	t town)	
	HY.	ATTSVILLE		8 Year	33	HY.	RTTSI	VILLE	10	011		
	d. NAME OF HOSPITA	L OR INSTITUTION (If not	in hospitol, g	ive street oddress)		d. STREET ADDRESS					ON A F	DENCE APM2
23	CARROLL	MANOR, 4	922 L	aSalle,	Rd.	1317	WERR:	IMACK AV	E.	,		NO X
}	NAME OF DECEASED	Fire	it	Middle		Lost	4. DAT	re Mon	nth	Doy	Ye	ar
	(Type or print)	Margaret		E		onnor	DEA			12		67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Doys	IF UNDER	Min.
	Female	White	WIDOWED		ED	3-25-04		63 yrs.				-
dur	o. USUAL OCCUPATION ring most of working l Clerk=""	(Give kind of work done ife, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count		r foreign country)	(0	TIZEN OF DUNTRY?		
13.	FATHER'S NAME	PEDO				14. MOTHER'S MAIDEN	NAME	Le Deve		مصمد	A.	
		DAVID SHE	EHAN			MARGAI	RET T	BANNON				
15	. WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16.	OCIAL SECURITY NO.	17. 1	NFORMANT		Addı	ress			
(1)	NO	(ii yes give wor or dores or	5	77-10-29	92	Carroll N	lano	r Record	8			
	18. CAUSE OF DE	ATH (Enter only one cous	e per line for	(o), (b), ond (c).)							ERVAL BE	
	PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmo	nary Eder	na					2 days		
	4200	DUE .	го									
	Conditions, if ony, rise to immediate	which gove	b) Atter	ciosclero	tic He	art Diseas	e	distant.				
	stoting the under		10									
	last.		(c)									
NO	PART II. OTHER SIG	INIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	ONDITION G	GIVEN IN PART 1(a)		19.	WAS AUT	DPSY ED?
CAT			Lauran							YE	S	NO 🗌
CERTIF	20o. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	n Port I or	Port II of item 18.)				
MEDICAL CERTIFICATION	20c. TIME OF INJU Hour o.m	10	20d. IN While of work			E OF INJURY (Home, for ory, street, office bldg., et		f. (City or town)	(Co	unty)		(Stote)
		y that (1) (thischosp			fram Ma	rch 30	19 60	to June 1	2 . 19	67. th	at (1) 18	uwe) last
		ceased alive antur										
	220. SIGNATURE	1 1	1) 11	1.		ATTENDING -	MED.	am STAFF	22b. D.	ATE SIGN	ED	
		mes 7	LLE	uso	M.D	PHYS.	DIRECTOR	JIAII F	Jun	e 12	, 19	67
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS		CONTRACTOR OF THE PARTY OF THE				
		Thomas F	4.4			1 322 H S		.E. Washi				
230	o. BURIAL, (REMATIO REMOVAL (Specify)	and the second s		23c. NAME OF CE	METERY OR			LOCATION (City or To		(County)) (5	itote)
	BURTATY)	6-15	-67		IVET	CEMETERY	7	WASHING		D.	C.	1
2	4. FUNERAL DIRECTOR	11/200	TNO B	ADDRESS W		D.C. 250. RES	N T A	1967 256	ECISTRARS	GNATUR	nos	
	FRANCIS	J, COLL	TN2 3	821 14th	e St	. N.W DATE				0	0	

PSCSU TO THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE

A TATALON OF THE PARTY OF THE P THE PROPERTY NAME OF SELECTION CALIFORNIA USE LABALLE, MI. 1817 MERRIMAN AVE.

Frank and the transfer of the state of the s Remails shits x very 5-85-0s 63

Jainvi-Janil meaning ten, D.C. . 1.3.A.

apacoal actual Transas 803-017008 - 11 - 12 naubil yango lati

Accorderorichience piscano

Line in the contract of the co

THREAL STREET ST

FOR STATE HEALTH DEAV 08621 ond 3 to iy delay is

the funeral director. Poge 4 should be farworded to the Chief Medical Examiner's Office along with form PMs Page 0 Department 5 may be retoined for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State.

VR A15ME (5) 6M 1/67

Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

necessary, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges J

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08620

4 E									
	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Who o. STATE	nere deceosed fived, if institution: Re b. COUNTY	esidence before odmission)				
		Maryland Prince George's							
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest taw						
	write RURAL and give nearest tawn)	201			11.1				
-	Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol	DOA	Accokeek		l e. IS RESIDENCE				
1		, give street oddress)			ON A FARM?				
-	Chamber's Funeral Home		Rt.2 Box		YES NO				
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month OF	Doy Year				
L	(Type or print) Mary		Padgett	DEATH 6	16 19 67				
	S. SEX 6. COLOR OR RACE 7. MARRIED	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UI lost birthdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS.				
	Female White WIDOWE	D DIVORCED	3-24-1890	77 yrs.	ilis Doys Hours Mills.				
-	10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT				
	during most of working life, even if retired) Housewife	INDUSTRY	AZ am Tra-		COUNTRY?				
	13. FATHER'S NAME	At Home	Alex. Vir	Zinia	ii.R.A.				
	John Naylor	/ COCO CCCUPGY NO 17	Betty M	Selby					
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	6. SOCFAL SECURFTY NO. 17.	INFORMANT	Address					
	No None	None Be	essie P. Sohw	aner Same As	#2				
F	1B. CAUSE OF DEATH (Enter only one couse per line f	ior (o), (b), ond (c).)			INTERVAL BETWEEN				
-1	PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure ONSET AND DEATH minutes								
		4200 DUE TO Arteriosclerotic heart disease over 6 mo.							
	Conditions if any which gave >								
-1	rise to immediate couse (a),								
	storing the underlying couse								
	last. (c)								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3 TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?				
	ATIC				YES NO X				
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Pa	rt I or Port II of item 18.)					
	20c. TIME OF INJURY Month, Doy, Yeor 20d. Hour o.m. Wh	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)				
	Hour o.m. Wh	ile Not While fac	tary, street, office bldg., etc.)						
	p.m. 17 1 at w	vark U of work U		1					
	21. I certify that I taok charge of the r			Inspection X, Inquiry					
	deoth resulted fram: Natural causes	X, Accident), Sui	cide 🔲, Hamicide [, Undetermined manner					
	ACTUAL (L	W // /	CHIEF MEDICAL EX	(AMINER	OO DATE CLONED				
	SIGNATURE TO A	John	M.D.	AL EXAMINER	22. DATE SIGNED				
-1	EXAMINER'S Tohn Wohan M. D.	Pirrandala Mi	DEPUTY MEDICAL	EXAMINER X	6-16-67				
	NAME (Type) John Kehoe, M.D.	Riverdale, Md	Address (Street, o	city, town, or county)	0-10-01				
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
	Burial'() / 6/16/1967	Washington 1	Wational	Suitland, M	aryland				
	24. FUNERAL DIRECTOR	517ADDRI1th St.	S. Z. 2So. REC'D I	BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE				
	W.W.Chambers, Co. Inc.	Washington, D.	. John 2	n 1967 Killians	les Judge.				
			No.	U					

a large of persons The second secon A. S. D. Similaria Virginia Mon. A. A. A. = 10 รถโซม र रें€ ornikal dace nianah. Jase/ mila yaisanira w 10 . H B 55.5

. . . ಬ ಅಲ್ಲು ೯೯. ಕ್ರಾರ್ಡ್ ಬಿಡಿಕ್ ಎಂಬ ಕ್ರಾರ್ಡ್ ಬಿಡಿಕ್

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08622	CERTIFICATI	E OF DEATH	08621					
		PLACE OF DEATH o. COUNTY Prince George	*S MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Pro George's						
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College ark, Md.						
4		d. NAME OF HOSPITAL OR INSTITUTION (If not Prince Georges Gene		d. STREET ADDRESS 8405 Patuxent ave	e IS RESIDENCE ON A FARM? YES \ NO \					
		NAME OF First PECEASED (Type or print) Helen			10, 1967					
	S. 3	female 6. COLÓR OR RACE white	MIDOMED MIDORCED	Nov 14, 1915 9. AGE (In yeors lost birthdoy) 51 yrs.	Months Doys Hours Min.					
	10o. duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Cashier	University of Md	11. BIRTHPLACE (County & Stote, or foreign country) Washington D. C.	12. CITIZEN OF WHAT UCQUNTRY?					
	13.	FATHER'S NAME William Ellsw	orth Donaldson sr	14. MOTHER'S MAIDEN NAME Maude Irene Clark						
		WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or upkpown) (If yes give wor or dotes of s		Addr Barbara A Pilkerton Colle	ege Fark, Md.					
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Which is the course of the cour								
		260 X DUE TO Conditions, if ony, which gove	18.4104105	clerosis						
		rise to immediate couse (o), stating the underlying couse last.	1 inhates	Mellitus						
/	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
/	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)					
		21. I certify that (I) (this hospi	tal) attended the deceased from_ 6-10 1967, and the	5-26, 1967, to 6-1 at death accurred of 2:10 PM, fram causes	and on the date stated obove.					
		220. SIGNATURE Cliveled	& Brody M		226. DATE SIGNED 1967					
1		22c. PHYSICIAN'S NAME (Type) ARNOLD	G. BRODY	washington Il.C	4637 Eastern lite					
		BURIAL, CREMATION, PEMOVAL (Specify) June 15	, 1967 Ft Lincoln	Colmon Mon-	or Pro Geo Md.					
1	24	FUNERAL PIRECTOR Gasch's Sons	Hyattsville, Md.	38 REC'T BY REGISTER THE R	EGISTRA'S SIGNATURE					

A Company of the Comp

- Why a start of the day

ARROLD GIBRODY LieuLighow

08623

CERTIFICATE OF DEATH

08622

00000			CERTITIO	CAIL	OI DEATH				UOI	146	
1. PLACE OF DEAT	К				2. USUAL RESIDENCE (Where decea			nce before	e odmissi	on)
o. COUNTY					o. STATE		b. COU				
P ₁	rince George	s	MARYLA		Maryland		Princ	e Geo	rge'	S	
	N (If outside corporate limi and give nearest town)	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou		ate limits, write RL	IRAL and gi	ve neares	t tawn)	
Chever	ly		1 day		Bowie	2			10	0./	
	PITAL OR INSTITUTION (If n				d. STREET ADDRESS					e. IS RESI	DENCE
Prince	Georges Gen	eral Ho	spital		4019 Che	1mont	Lane		ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Papai, Bab	y Boy	Middle		Lost	4. DATE OF DEATH	Mor Ju	th ne	618		
5. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	18	. DATE OF BIRTH	1	9. AGE (In years		1 YEAR		24 HRS
M	W	WIDOWED [DIVORCED	H	6-17-67		last birthday)	Months	Days	Hours	40
	10N (Give kind af work dane ing life, even if retired)	10b. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County	& Stote, or fo	— yrs. preign country)		ITIZEN OF DUNTRY?		
13. FATHER'S NAME	James Papai				14. MOTHER'S MAIDEN	NAME Lvian	Datz				
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES		OCIAL SECURITY NO.	1 17. HA	FORMANT		Addı	ess			
(Yes, na, or unknow	n) (If yes give war or dates	of service)	DEINE SECORITY NO.	""			7100				
18. CAUSE OF	DEATH (Enter only one co	use per line for, (a), (b), and (c).)		1 -0	4	1			ERVAL BE	
PART I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) (K	estavala	m (tistres	Marc	trome		UN	SET AND I	DEATH
773	7735 DUE TO 4								-		
	Conditions if any which cause								UV		
(b) Julia tu Hy								1			
stating the underlying couse DUE TO											
last.											
PART II OTHER											
3	PERFORMED?										
E									- Y1	XXX	NO _
OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I or Pa	rt II of item 18.)				
20c. TIME OF Hour	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of										
21 1 40	rtify that (I) (新路本家			ra po	1001lla	10.67	a June 1	Q 10	67 16	at (1) (and la
	deceased alive an	6-18	19 <u>6.7</u> , ar	nd that	death accurred at	915 1	M, fram causes	and an	the dat	e state	d abay
220. SIGNATU	RE /	/11	· vu	/	/		47.55	22b. [ATE SIGN	£D .	
	4-111	VII	1000	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Tu.	ne 1	8. 1	967
22c. PHYSICIA	N.	- LV		111.0	22d. ADDRESS	DIRECTOR	11113. 2			-, -	-
NAME (Ty		Tansa	M D		7403 Varn	um St	Landove	- H11	10	ма	
	111100 116	1	110 00		1405 Valu				13,	LIG.	
23o. BURIAL, CREMA		HEREOF .	23c. NAME OF CEMETI	ERY OR C	REMATORY	23d. L	OCATION (City or To	own)	(County) (Stote)
REMOVAL (Spe	ion 6-20	-67	Lee's Co	rema	torv	Wa	shingto	n. T	. C.		
Cremat:		7-07	ADDRESS	I CINC		D BY REGIST		EGISTRAR'S		30	
		7.7		2 1	_			Char			
Lee Fun	neral Home	W	ashington	L el	· V · DATE	N 2 1	196/	may	VO.	1	

the funeral pages I and 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filled in by ta director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remove carbon popers. Per should be filed with the State Dept. of Health prior to buriol, crematian, or removal, ond in any event, within 72 hobes.

VR A15 (4) 25M 1/67

7-244689

\$				
Trince (enros's)	banleself.		nergasi wani	
	Beer fe	1 day		
Lime Ten	Aut 9 Carl cont	Landageon	Invariate suggests	sonke?
7.5 810 some			Pacod, Saby Boy	
0) (1)	6-17-b7			
	m NefV		ings" steel	
the said to be a supply of the				
Maria D the Ri sent			Incompany of the State of the S	

los A. Zonen, M.

(7403 Varnur St. Landover 1 11s.

	0	8624 Item #2a,b,c & d Film CERTIFICATE	OF, DEATH	00002			
1	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	lence before admission)			
		o. COUNTY	O. STATE b. COUNTY	111117111			
		Prince George COUNTY MARYLAND	MARGIANIAI. D.C. PAIN	New Hebrie			
	t	b. CITY OR TOWN (If autside carparate Amits, c. LENGTH OF STAY IN 1b write RURAL and give hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and c	P.G.			
	(YON HILL G-hoults		ash, D.C.			
	0	d. NAME OF HOSPÍTÁL OR INSTITUTION (If nat in haspital, give street oddress)	d. STREET ADDRESS 9716 Wanchese Dr.	e. IS RESIDENCE ON A FARM?			
	F	ine View GARdons 1-	JHdlatHIIISbyc. 10	YES NO			
		NAME OF First Middle	Post 4. DATE Month	Ooy Year			
1	((Type or print)	FARTILLE DEATH (29 1967			
1	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UND lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS. Ooys Hours Min.			
4	10	emale whitek WIDOWED DIVORCED	1/22/1876 9/ yrs.				
1		. USUAL OCCUPATION (Give kind of work done ng møst of working life, even it retired) INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
4	duill	Attuse and	ONTAVIO COUNTY NEW MOCK.	Wifed.			
	13.	TATHER'S NAME O	14. MOTHER'S MAIDEN NAME				
	(James Cyarker	mary . Ne Bow.				
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN s, no, or unknown) (If yes give wor or dotes of service)	FORMANT Address				
	A.	s, no, of dikinowit) (it yes give wor of dotes of service)	V V				
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	0-	INTERVAL BETWEEN			
		PART 1. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (0) PROTO UPS	CULAR COLLAPSE	ONSET ANO DEATH			
		1992 DUE TO 0		100			
		Conditions, if ony, which gove (b) (b) PRCINDM/	9700LIS, OCNBRALLZ	6D/delen			
		stoting the underlying couse (0),		A			
		last. (c)					
2	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL OISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
	CERTIFICATION			YES NO			
	RTIFI	20a. ACCIOENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in Port I or Port II of item 18.)	*			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL		E OF INJURY (Home, farm, 20f. (City or town) ry, street, office bldg., etc.)	County) (Stote)			
	×	p.m. 19 ot work ot work	2				
		21. I certify that (1) (this haspital) allehaed the deceased fram.	1967, to 6-29, 11	that (I) (we) last			
			death accurred at 0.17 AM, fram causes and an				
220. SIGNATURE ATTENOING MED. STAFF 22b. DATE SIGNED							
		a and the Month of the M.O.					
		22c. PHYSICIAN'S NAME (Type) PLERED DU APIN) N	22d. ADDRESS CLINTON, n	in			
	00	2 K. 411 110)11	DEMATORY 1004 TO 1	(County) (See)			
	230	BURIAL, CREMATION, REMOVAL (Specify) 236. DATE THEREOF 23C. NAME OF CEMETERY OF CI	REMATORY 23d. LOCATION (City or Town)	(County) (Stote)			
	24	bunch puly 3 6/ Cast Bloom	250. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE			
	14	from the line of the same of the same of the	2 2 1967 Pelia	ver Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please repove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after by the Pages (1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURA), and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. re-= e. IS RESIDENCE d. NAME OF HOSPITAL OR UNSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS ON A FARM? within NO _ YES within completely ive carbon p NAME OF Month Middle DATE Day Year DECEASED EDL DEATH event, (Type or print) 19 6 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Oays | Hours | Min. SEX OATE OF BIRTH NEVER MARRIED remove any and OIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 12. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT Ξ 10b. KIND OF BUSINESS OR attending physician rmit. Then please COUNTRY? during most of working life, even if retired) INDUSTRY and Homemaker 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 6. SOCIAL SECURITY NO. the attend it permit. Mation, or r (Yes, no. or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by t the burial-transit or to burial, crappa ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TIANAL TUMOR DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO LARYNX+ MOTOSODSES cause (a), stating the underlying cause last. has as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate h detached for use te Dept. of Health PERFORMED? TERIOSCLEROSIS NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While After be p.m. 19 at work at work retained the FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SIGNED DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c. director, p town or county CEMETERY OR CREMATOR (State) BURIAL, CREMATION. DATE THEREOF 23b. REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25al | REC'D, BY REGISTRAR | 25b, VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		08626	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08625
HEALTH DERTA		PLACE OF DEATH COUNTY P	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, o. STATE Maryland	if institution: Residence before odmission) b. COUNTY Pro George's
th. If any delay is ges 1, 2, and 3 to 1 form PM3. Page ote Deportment of		o. CTY OF TOWN (If outside corporate limits, write KURA) and give neares flawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, Bladensburg, Md.	
Poges 1, 2 With form	L	PANE OF HOSPITAL OR INSTITUTION OF	orgest His	d. STREET ADDRESS 4916 Taylor st,.	e. IS RESIDENCE ON A FARM? YES NO 🖂
9 2 3	3.	NAME OF DECEASED (Type or print) CHARL	ES WILLIAM	DEATH OF DEATH OF DEATH	Month Doy Year Year 19 6 7 Year
office along office along ond 2 with the r death.		male white		March 3, 1901 66 bi	rthdoy) Months Doys Hours Min.
24 h	dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Routeman	10b. KIND OF BUSINESS OR INDUSTRY Laundry	North Carolina	12. CITIZEN OF WHAT
within pencil in pencil in Examiner File poge	13.	FATHER'S NAME Claudius Peel		14. MOTHER'S MAIDEN NAME Jennie Anderso	n
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of	convice)	INFORMANT	Address Adensburg, Md.
ficate should be ing the word "pe ded to the Chief as o buriol-transit ond in ony event		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (country) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	Jenaarst Carcino	in of mary	Marian Interval Between Marian Pearles Marian Pearl
0 = - 7	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
生工 空上	L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of ite	m 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	town) (County) (Stote)
ITY MEDICAL Ty, pleose executed director. Properties for retained for Participation to burial, prior to burial,			math		53, 8 annay DATE GONE
TO DEPU necesso the fun 5 may TO FUNE Health	L	BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THER June 28.	, 1967 Ft Lincoln C	emetery Colmar N	lanor Pro Geo Md.
VR A15ME (5)	24	F. Gasch's Sons	ADDRESS Md.	DATE PLAN 2 9 1967	25b. REGISTRAR'S SIGNATURE

palitie a de ministra de la composition della composition della composition della composition della composition della composition della co

- 10 - 20 1 - 20 1 - 10 1 - 20

Authoration areas and appeared the second

tell minimum feel minimum

THE STATE SALLEDGE A. Total Margarette, Mary

P. 282-10 - 911

. Had to the same and the same

The second secon

er death. **DECINERAL DIREC.**After this certificate has been signed by the attending physician and campletely filled in upage 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours affer death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs haspital ar attending physician. TO HOSPITAL OR AT may be remined to

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08627Item 2 Film G390 7/7/6 CERTIFICATE OF DEATH

03626

3		
1. PLACE OF DEATH O. COUNTY PHINCE GROUP W MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE N. J. b. COUNTY	te before admission)
b. GITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 947	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Bunk Park	d. STREET ADDRESS 456 Boulevard	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Warran Martin P.	Last OF DEATH JUNE 13	Day Year 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White widowed Divorced	B. DATE OF BIRTH Mar. 5/882 9. AGE (In years lest birthdey) Wonths Wonths	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, eyen if retired) Are reft	STRY 11. BIRTHPLACE (Syste or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME T. Pratt	The Mother's Maiden NAME Martin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (16 yes, give war or dates of service)	ME Elyefatt Broomell & Low	nel Mel
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) The course of the	andelos	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b) lake Thyoe	anditis	15 yr
lying couse lost. (c)	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY
САТК		PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (Cory, street, office bldg., etc.)	County) (Stote)
21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an June 1963, and that a	death accurred at 2PM, from the causes and an the	
220. SIGNATHE	M.D. PHYS. DIRECTOR PHYS.	22b.DATE SIGNED
22c. PHYSICIAN'S ROBERT S. McCENEY, M. D. 402 MAIN ST.	22d. ADDRESS	
23a. PURIAL, CREMATION, 23b. DANE THEREOF 23c. NAME OF CEMETERY COREMONAL (Specify 2)	OR CREMATORY 23d. LOCATONACITY, town or from	A (State)
24 FUNERA DIRECTOR'S SIGNATURE ADDRESS MA	20. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNARY AND SIG	Hoge J
	7	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifted in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death-24-hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

0862	on of statistic	CAL RESEAR	CERTIFICA	OS, 301 W. PI		REET, BALTIMO	RE 1, M	ARYLA	ND 97
	CE GEORGES DWN (if outside corpora AL and give nearest to		MARYLAND LENCTH OF STAY IN 11	a. STATI	MARYLA	re deceased lived, If in b. COUI	PRIN	ICE	GEORGE
ANDREWS	ALR FORCE OSPITAL OR INSTITUTION	BASE	1 DAY	CLI d. STREET A	NTON				IS RESIDENCE
USAF HO	SPITAL AND	REWS		701	5 ROCK	VELL DRIV	E		ON A FARM?
3. NAME OF DECEASED (Type or prin		irst EL Fl	Middle LOYD	Last PREBBL	4. D	ATE Mont		Day 6	Year 19 6 7
5. SEX MALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF B		9. AGE (In years last birthday)	LEUNDER 1	YEAR ILE	
10a. USUAL OCCUP	ATION (Cive kind of work rking life, even if retire	done 10b. KIND d) INDU	OF BUSINESS OR USTRY N/A	PRINC		State, or foreign country SES, MD	CO	TIZEN OF UNTRY?	WHAT
ROY C.	PREBBLE JF D EVER IN U.S. ARMED F() (If yes give war or dates of N/A	PRCES? 16. SO		ERIKA ' INFORMANT FATHER	A. RO	LLOF Addre	SS		
PART I. 77/C Conditions, gave rise cause (a), underlying c	OF DEATH (Enter only or DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE OF THE CAUSE OF THE CAUSE DUE OF THE CAUSE R SIGNIFICANT CONDITION	(a) Respi	ratory Arestive Hear	rt Fail		CONDITION GIVEN IN	PART 1(a)	90 119. W	Minute Minute Vas autopsy errormed?
	NT WAS UNDERLYING CAUSE OF DEA NOTIFY MEDICAL EXAMI F INJURY Month, Day, a.m.			CURRED. (Enter) LACE OF INJURY street, office	(Home, farm, 2	In Part I or Part II (of Item 18.) (Cour		(State)
saw the 22a. SIGNA 22c. PHYSIGNAME HERRI 23a. BURIAL CREMOVAL (BULLIA) 244. FUNERAL D	COHEN, EMATION, 23b. DATE Specify) 23b. DATE 6-29- RECTORO DETE E.	CAPT, UTHEREOF 1967 Wilhelm	ISAF MC R3c. NAME OF CEMETE Arlington Na FADDRESS I Hor	ATTENDING PHYS. 22d. ADI USAF RY OR CREMATO ational	red at 4:26 Ph S ORECTO ORECTO ORESS HOSpit RY 23d	, from the causes STAFF OR PHYS. A Cal, Andr LOCATION (City, tarlington REGISTRAR 25b. R	and on the 22b. DA 26 Cown or could be EGISTRAR'S	de date son the sign of the si	stated above. ED 1967 Md. (State) Dia
4300 3U1	tland Road	Suitland	Maryland		MH L 5	1967 yel	incles	1 Comment	7

VR A15 (4) 20M 1/65

USAE HOSPITAS PHEREDS 7013 ROCEMENT DELVE

Respiratory Arrant

Congentive Seart Callude

ATCHAEL ELOYD X THE LEC X

IN se emus SSHIAR 9108

ROY C. PREDBLE JR. ROLLOF

Seneth Be

25 June 57 25 June 12
Tasi and as x = 1 and the first the last.

HERRICA COMER. CAPT. TISAF NO USAF HORRICAL, And eus AFS. Mc.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ATE		08623		MED	ICAL EXAM	INER'S C	ERTIFICATE	OF DEA	ATH		UO	026)
EPT.		LACE OF DEATH . COUNTY	rince Georg	els	M	ARYLAND	2. USUAL RESIDENCE a. STATE Marylar		h (titutian: Resid			on)
	b	. CITY OR TOWN (write RURAL one	If outside corporate limits d give nearest tawn)		c. LENGTH OF STA	y IN 1b	c. CITY OR TOWN (If	outside corp	arote limits, write	RURAL ond g	live neores	t tawn)	B
Depart		River					Riverdale	3		16.1	/	10 0001	~ 4
00	d	. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital,	give street address)		d. STREET ADDRESS					e IS RESII	DENCE ARM?
U - U		5225 58	8th. Avenue				5225 58t	h. Av	enue				NO X
		AME OF ECEASED	Fir	st	Middle		Last	4. DATI		lanth	Doy	Ye	ar
1)		ype or print)	Car	1	G		Printz	OF DEAT	гн	6	11	19	67
1	5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARK	RIED 8.	DATE OF BIRTH		9. AGE (In year	IF UNDI	R 1 YEAR		
€		Male	White	WIDOWED	DIVOR	CED ·	12-17-1899		last birthday		Doys	Haurs	Min.
		USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Sto	te ar fareign			CITIZEN OI		
=		Painter	<u> </u>	Co	nstruction	n	Virginia						
	13.	PATHER'S NAME O	l Printz				14. MOTHER'S MAIDER Lula	N NAME Ding	es				
72	IS. (Yes	WAS DECEASED EVE , na , or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates a	f service) 16.	social security no 9 05 3577	17. IN Do t	FORMANT Iglas Prin	tz C	heverly,	ddress Md .	-77		
-transit permit. event within 72		18. CAUSE OF DI PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY:		(a), (b), ond (c).)	e					INT ON max	ERVAL BET SET AND D	TWEEN DEATH
buriol-transit		420 (Conditions, if ony	DUE DUE	10 Art			eart disea	ise	VIII.			know	
ond in or		rise to immediat stating the unde last.	e couse (o), DUE	(b) TO (c)									
	ALION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO TH	E TERMINAL DISEASE C	ONDITION G	IVEN IN PART I(a)			WAS AUTO PERFORM ES	OPSY NO [3
0	CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ ar CO CAUSE OF DEATH.		20b. D	ESCRIBE HOW INJURY	OCCURRED. (E	nter noture of injury i	n Part I ar F	Part II of item 18.				
E 2	MEDICAL	20c. TIME OF INJI Haur a.r p.r	10	20d. I While			OF INJURY (Hame, fa y, street, affice bldg., et		. (City ar town) (Caunty)	((State)
		21. I certif	y that I taak charge	af the rei	mains described	above, held	an Autapsy	, Inspe	ctian 😿 , l	nquiry 🗶	, and	in my	opinic
burial,				l causes 5		7. Suicid			Undetermined				
			1	d	//		CHIEF MEDICA						
10		ACTUAL SIGNATURE	(hh	11	1 Kgr		M.D. ASSISTANT M					22. DATE	SIGNE
prior		EXAMINER'S	July	/			DEPUTY MED	ICAL EXAMIN	ER X				
= 2	1	NAME (Type)	ohn Kehoe,	M.D.	Riverdal	Le, Md.			n, ar county)		6.	-12-6	57
0	23a.	BURIAL, CREMATIC	ON, 23b. DATE THE		23c. NAME OF C	METERY OR C			LOCATION (City or		(County) (S	state)
Health		REMOVAL Sectify	June 14	, 1967	George	Washing			attsvill	e Pro	Geo		Md.
(5)	24.	FUNERAL DIRECTO	F. Gasch's	Sons	Hyattsvi	lle, Mo	250 RE	CD Y HGI	1967 25	CEGISTRAR	SIGNATUL	RE	

Prince to realize the description of the control of

20 Martin Company of the Company of

the state of the s

STATE OF STA

alicinia nolocutational in the treatment

A Property I. I. Standard I. L.

. has an experience and a contract

AND THE PARTY OF T

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08630	0	8	6	3	0	
-------	---	---	---	---	---	--

02629

OR STATE		08630	MEDICAL EXAMINER'S	S CERTIFICATE OF DE	ATH	COURS
LTH DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where do	eceosed lived, if institution: Re b. COUNTY	sidence before admission)
and 3 ta M3. Page tmen at	,	Prince George's	MARYLAND	Maryland	Prince G	eorge!s
and 3 M3. Pc rtmen	1	Prince George's CITY OR TOWN (If outside corporate limiter RURAL and give nearest town)	nits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porate limits, write RURAL onc	give neorest town)
PM3. P		Cheverly	DOA	Jefferson Hei	ghts	16.1
n F	(. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospitol, give street oddress)	d. STREET ADORESS	0	e. IS RESIDENCE ON A FARM?
8. Give Pages 1, 2, and 3 alang with farm PM3. Pa with the State Department.		n Front of 6100 To	rench Street	6604 K Street		YES NO
alang with the Stat	3. 1		First Middle	Lost 4. DA		Doy Year
g v		Tho		Proctor DE	ATH 6	3 19 67
¥ :	S. :		7. MARRIEO NEVER MARRIED	B. OATE OF BIRTH	lost birthdoy) Mont	NOER I YEAR IF UNDER 24 HRS. ths Ooys Hours Min.
es tand 2 v	_1	nale Negro USUAL OCCUPATION (Give kind of work doning most of working life, even if retired)	WIDOWED DIVORCED	11. BIRTHPLACE (Stote or foreign	42 yrs.	0. 6777771 05 119117
r de d	duri	usual occupation (Give kind of work don ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
afte after		Foreman FATHER'S NAME	National Cap.	Washingto	n, D.C.	U.S.A.
pages urs afte			Parks.			
transit permit. File page event within 72 haurs o	15	erbert Proctor	S? 16. SOCIAL SECURITY NO. 17	Lena	Address &	401 W 04
-transit permit. File pag event within 72 haurs	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give war or dote:	s of service)		a Proctor	Jefferson
/ithi				rirs. Lei	la Proctor	Jerren
sit		18. CAUSE OF DEATH (Enter only one of PART I. OEATH WAS CAUSEO BY:	SE (0) Cardiac tamponade			ONSET ANO DEATH
tran			DE TO Perforating wound		ant a	
used as a burial-transit noval, and in any event v		Conditions, if ony, which gove	(b) Stab wound of che		rua	
in o		rise to immediate couse (a), stoting the underlying couse	JE TO			
as		lost.	(c)			
be used emoval, o	2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMEO?
removal,	CATIO			,		YES NO
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRE	O. (Enter noture of injury in Port I or	Port II of item 1B.)	
crematian, or	II CE	CAUSE OF DEATH.	Stabbed by assai	lant.		
atia	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 1 2	Of. (City or town)	(County) (Stote)
eme	ME	6-3-67 p. 7: 15 pm		front of 6100 Tr	ench St., Che	verly, Md.
		21. I certify that I took char	ge af the remains described abave,	held an Autapsy 🔀 , 🛮 Insp	ection 🔀 , Inquiry [and in my opinion
priar ta burial,		death resulted from: Natu	iral couses 🔲 , Accident 🔲 , Si	vicide 🔲, Homicide 🗷 ,	Undetermined manner	
DIRECT TO be		ACTUAL	VIX LI	CHIEF MEDICAL EXAMIN		22 DATE COMES
ar		SIGNATURE	n/e/11	M.O. ASSISTANT MEDICAL EXA		22. DATE SIGNED
FUNERAL sealth prior		EXAMINER'S Tohn Kohoo	M D Pirrandala M	OEPUTY MEDICAL EXAM Address (Street, city, to		4 = 4 =
Health	230	NAME (Type) John Kehoe, BURIAL, CREMATION 23b. DATE T	M.D. Riverdale, M		I. LOCATION (City or Town)	6-5-67 (County) (Stote)
2 =	Z30	REMOVAL (Specify) 6-9-			Baltimore, 1	
Ob						
day!	F	collins Funeral	Home, INc. Wash.	D.C. N. MITE	1961	- Park
W UII			MODILE	O & O & 11 & 222 &		

all the stand on the last the standard of a tegrosti en Li efficient mannetist Action of the first that the last the first that the first the first that the first th mosth lib, the north Bresh . St. . Efficience St. . La le de l'est Counfication vu bootings 2 Description () wron see .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00024

CERTIFICATE OF DEATH

08639

	TOOOT	CERTIFICATE	OI DEATH	ATT OF THE RESERVE
	. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institut	tion: Residence before odmission)
l	o. COUNTY	0 /	a. STATE b. COU	NTY , O
L	b. CITY OR TOWN (If autside carparate limits	· County MARYLAND	maryland Cha	
П	b. CITY OR TOWN (If autside carparaté limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RU	RAL and give nearest tawn)
1	write RURAL and give nearest town)	THOUSAND PROPERTY OF	La Plata ma	202
H	d. NAME OF HOSPITAL OR INSTITUTION (If no	t in bosnital aius stroot addross)	d STREET ADDRESS	e. IS RESIDENCE
ı			O. SIKEET ADDRESS	ON A FARM?
1	Pine View Gara	Vens	Box 544	YES NO
f	. NAME OF . Fir		Last 4. DATE Man	th Day Year
1	DECEASED	1/11/0	DARE OF TIME	15 04 157
ŀ	(Type ar print)	#UK Franklin	THE PLANT TO THE	/E 22 19606
1	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1887 9. AGE (In years last birthday)	Months Days Haurs Min.
ı	m 1.1	WIDOWED DIVORCED	11-141849 76 yrs.	Months Days Haurs Min.
1	Og. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country)	12. CITIZEN OF WHAT
	luring mast af warking life, even if retired)	INDUSTRY		COUNTRY?
L	farmer		Zepp.Virginia	USA
ſ	3. FATHER'S NAME		Zepp Virginia 14. MOTHER'S MAIDEN NAME	
		LI SANTON CONTRACTOR		
1	Franz Racy	La costa security no	Mc Fergerson	
ı	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates a		NFORMANT / Addr	ess
ı	(1 yes give wor or dates a	216-07-62599	Records of 1 (a) (b) (d)
F	I ID CAUSE OF DEATH (Enter only one sou	1 4 2 4 4 4 4 1		INTERVAL BETWEEN
l	1B. CAUSE OF DEATH (Enter anly one cau PART I. DEATH WAS CAUSED BY:	se per line for (d), (b) and (c).)	to the Ati	ONSET AND DEATH
l	IMMEDIATE CAUSE	(a) Citalo Con	assur Har van	LURE ID HIN
L	5211 DUE	10 0/ 0 6	To the p	
L	Conditions, if ony, which gave	W LA ROUGE Ture H	Grown Will Cemple.	ne 151/PS
ı	rise to immediate cause (a),	TO	The Rose of the Park	24/5
ı	stating the underlying cause			
ı	last.	(c)		
١.	PART IL OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO A	THE TERMINAL DISEASE CONDITION OWEN IN PART 1(a)	19. WAS AUTOPSY
1	arterioscles			PERFORMED?
	- Commence		scular Deseaso	YES NO V
	20a. ACCIDENT WAS UNDERLYING ID OR CONTRIBUTING ID AND OFFICE OF THE PROPERTY	206. DESCRIBE HOW INJURY OFCURRED.	(Enter noture of injury in Part I ar Part II of item 1B.)	
F	(IF EITHER, NOTIFY MEDICAL LAMINET	111	one	
1	20c. TIME OF INTER Month, Day, Year Hear a.m.	20d. INJURY OCCURRED 20e_PLA	CE QF INJURY (Home, farm, 20f. (City or tawn)	(Caunty) (Stote)
1	Heor a.pr.	While Not Whiles Tach		74 0
	E The Please	ot work at work	wing /10	/W
	21. I certify that TN (this hos	pital) attended the deceased fram 🚄	may 18 19 67.10 Pre	that (1) (we) last
		Dence 21 19 67, and that	death ocurred of IN 25th from causes	ond on the date stated above.
	22a. SIGNATURE	B and the	A in the tourses	22b. DATE SIGNED
I	ZZG. SIGNATORE		ATTENDING MED. STAFF	_/ 0 / 1
	www	selever n. M.C	D. PHYS. L. DIRECTOR L. PHYS L.	6 (0/22/61
	22c. PHYSICIAN'S	2 6411-1-0	22d. ADDRESS	- los immen
1	NAME (Type) 94 17 17 U	C DHAVER YOU	8808 BRANCA MU	E, CWINION
F	22- BUDIAL COUNTION 1 221 DATE THE	DEOL TO MANE OF CENTERS OF	CDENATORY 1004 TOTAL TOTAL	- M
1	23a. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	REOF 23c. NAME OF CEMETERY OR		
1	Burial June 1	9.1967 Trinity Me	morial Gardens, Waldo	rf Charles Md.
T	24 FUNERAL DIRECTOR	1 TA ADDRESS	2So. REC'D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE
	APPILART times	11 41/2 / 26/12	m Mary 111 2 0 1967 00	Charles Curse

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after departs. Poge 4 may be retained by the haspital or attending physician.

THE ENGLISH SHOULD AND SELECTION OF SELECTIO 10000 Commence of the Commence of th Light of the control

FOR STATE HEALLH DEPT. any deloy is 2, and 3 to

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the state Department of Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If

necessory, please execute the certificate, writing the word "pending"

in pencil in Item 18. Give Pages 1,

08632

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL RECORDS, 301** W. PRESTON STREET, BALTIMORE, MARYLAND 21201

EXAMINER'S CERTIFICATE OF DEATH

		MEDICAL	EXAMINEK	S CERTIFICATE C	OF DEATH	(8631	
1. PLACE OF DEATH o. COUNTY	nce Georg	rale	MARYLAND	2. USUAL RESIDENCE (a. STATE Maryland	Where deceased lived, il	institution: Resident b. COUNTY rince Geo		٦)
b. CITY OR TOWN (If out			IGTH OF STAY IN 1b		utside carparate limits, w			
write RURAL and give Cheverly			DOA	District			6.1	
d. NAME OF HOSPITAL OF	R INSTITUTION (I) nat	in hospital, give stree	et address)	d. STREET ADDRESS			e. IS RESIDI	
Prince Geo	rge Gener	ral Hospit	al	5505 Marl	oro Lane			NO X
3. NAME OF DECEASED	Firs	t .	Middle	Last	4. DATE OF	Manth	Day Year	
(Type ar print)	OLOR OR RACE		NEVER MARRIED	Randall B. DATE OF BIRTH	9. AGE (In y	ears IF UNDER		
	White	WIDOWED	DIVORCED	3-19-1911	last birth		Days Haurs	Min.
1Da. USUAL OCCUPATION (Give	e kind af wark dane	1Db. KIND OF B		11. BIRTHPLACE (State	or loreign country)	12. CIT	IZEN OF WHAT	
during most al warking lite, e Retired	ven il retired)	Railroa	ad	Virginia		CO	JNTRY? USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
George	Randa1	1		Eva Bel	1			
15. WAS DECEASED EVER IN U	J.S. ARMED FORCES?	16. SOCIAL S	SECURITY NO. 17	INFORMANT		Address		
(Yes, no, or unknown) (If ye	s give wor or dotes of	service)	T.	Wellie L. Ran	dall Sama	As # 2		
18. CAUSE OF DEATH	(Enter only one cous	e per line for (a) (b)		TELLIC M. Rail	dall dame	115 11 2	INTERVAL BETV	VFFN
PART I. DEATH W	AS CALISED RY.	o) Coronar		aaluaian			ONSET AND DE	
	IMMEDIATE CAUSE (0) 1.4 (3) (3) (3) (4) (5)	A STILL A					
4201					mt di-0000	- 1		
Canditians, if any, which	DUE T			sclerotic hea	rt disease	4 1		
Canditians, if any, which	th gave) (I	Coronary			rt disease	34.5		
Canditians, if any, which rise to immediate caustaing the underlying	th gave (1) se (a), DUE T	Coronary			rt disease	14		
Canditians, if any, whi rise to immediate cau stating the underlying last.	th gave (1), (1) cause DUE T	Coronary	y arterios			1(a)	19. WAS AUTO	D?
Canditians, if any, whit rise to immediate caustating the underlying last. PART II OTHER SIGNIES	th gave (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Coronary OCOTONARY OCOTONARY	y arterios	o the terminal disease co	NDITION GIVEN IN PART		PERFORME	PSY D?
Canditians, if any, whin rise to immediate caustating the underlying last. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE V PRIMARY Or CONTRIB CAUSE OF DEATH.	th gave (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Coronary OCOTONARY OCOTONARY	y arterios	sclerotic hea	NDITION GIVEN IN PART		PERFORME	D? _
Canditians, if any, whise tax immediate cat stating the underlying last. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE V PRIMARY Or CONTRIB CAUSE OF DEATH. 2D. TIME OF INJURY / Hour o.m.	th gave (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	20b. DESCRIBE H	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P	o the terminal disease co	NDITION GIVEN IN PART Part I or Part II of item n, 20f. (City or to	18.)	PERFORME YES 😿 N	D? _
Canditians, if any, whin rise to immediate cat stating the underlying lost. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE V PRIMARY () or CONTRIB CAUSE OF DEATH. 2Dc. TIME OF INJURY / Hour o.m. p.m.	th gave (1) (1) (1) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	COPONAMINATION OF THE PROPERTY	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P lot While at wark	D. (Enter nature of injury in actory, street, olfice bldg., etc.	Part I ar Part II af item	1B.)	PERFORME YES [XZ] N	D?
Canditians, if any, whin rise to immediate caustating the underlying last. PART II. OTHER SIGNIFIES 2Da. EXTERNAL CAUSE V. PRIMARY or CONTRIB CAUSE OF DEATH. 2Dx. TIME OF INJURY Hour o.m. p.m. 21. I certify the	CANT CONDITIONS CO WAS UTING Wonth, Day, Year 19 ot I took chorge	COPONAME COPONA	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P lot While at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored g	D. (Enter nature of injury in actory, street, olfice bldg., etc.	Part I or Part II of item a, 20f. (City or to) Inspection X,	awn) (Cau	PERFORME YES 😿 N	D?
Canditions, if any, whise itse to immediate caustaing the underlying lost. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE V PRIMARY are CAUSE OF DEATH. 2Dx. TIME OF INJURY Hour o.m. p.m.	CANT CONDITIONS CO WAS UTING Wonth, Day, Year 19 ot I took chorge	COPONAMINATION OF THE PROPERTY	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P lot While at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored g	D. (Enter nature of injury in actory, street, olfice bldg., etc. held on Autopsy 🛣, uicide 🔲, Homicide	Part I ar Part II af item n, 20f. (City or to) Inspection X, Undetermin	awn) (Cau	PERFORME YES [XZ] N	D?
Canditions, if any, whise itse to immediate caustaing the underlying lost. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE VERIMARY COT CONTRIB CAUSE OF DEATH. 2Dt. TIME OF INJURY Hour o.m. p.m. 21. I certify the deoth resulted for	CANT CONDITIONS CO WAS UTING Wonth, Day, Year 19 ot I took chorge	COPONAME COPONA	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P lot While at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored g	D. (Enter nature of injury in actory, street, office bldg., etc. held on Autopsy , uicide , Homicide CHIEF MEDICAL	Part I or Part II of item n, 20f. (City or to) Inspection X, Undetermine	awn) (Cau	PERFORME YES x h	D? NO [
Canditians, if any, whin rise to immediate coustaing the underlying lost. PART II. OTHER SIGNIFIES 2Da. EXTERNAL CAUSE V PRIMARY ar CONTRIB CAUSE OF DEATH. 2Dt. TIME OF INJURY Hour o.m. p.m. 21. I certify the	CANT CONDITIONS CO WAS UTING Wonth, Day, Year 19 ot I took chorge	COPONAME COPONA	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P lot While at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored g	D. (Enter nature of injury in actory, street, office bldg., etc. CHEF MEDICAL M.D. ASSISTANT MED	Part I or Part II of item n, 20f. (City or to) Inspection X, Undetermine EXAMINER	awn) (Cau	PERFORME YES [XZ] N	D? NO [
Canditians, if any, whin rise to immediate constating the underlying lost. PART II. OTHER SIGNIFIED CAUSE V PRIMARY or CONTRIB CAUSE OF DEATH. 2Dx. TIME OF INJURY Hour o.m. p.m. 21. I certify the deoth resulted for ACTUAL SIGNATURE EXAMINER'S	CANT CONDITIONS CO WAS UTING 19 of took chorge rom: Natural	20b. DESCRIBE H 20b. DESCRIBE H 20b. INJURY Of While at wark III	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P for While 2 described obove, accident 3, Sa	D. (Enter nature of injury in actory, street, olfice bldg., etc. M.D. ASSISTANT MED DEPUTY MEDICAL DEPUTY MEDICAL	Part I or Part II of item n, 20f. (City or to) Inspection X, Undetermine	awn) (Cau	PERFORME YES x h	D? No
Canditians, if any, whis rise to immediate caustating the underlying lost. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE V PRIMARY Or CONTRIB CAUSE OF DEATH. 2Dx. TIME OF INJURY Hour o.m. p.m. 21. I certify the deoth resulted for the contribution of the contributio	CANT CONDITIONS CO WAS UTING Wonth, Day, Year 19 ot I took chorge	20b. DESCRIBE F 20b. DESCRIBE F 20b. INJURY Of the remoins of th	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P lot While at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored growth at wark for the colored growth and colored g	D. (Enter nature of injury in actory, street, office bldg., etc. M.D. ASSISTANT MED DEPUTY MEDICAL Address (Street)	Part I or Part II of item n, 20f. (City or to) Inspection X, Undetermine EXAMINER AL EXAMINER	Inquiry X, ned monner	ond in my o	D? No
Canditians, if any, whirise to immediate calstating the underlying last. PART II. OTHER SIGNIFIED 2Da. EXTERNAL CAUSE V PRIMARY ar CONTRIB CAUSE OF DEATH. 2Dc. TIME OF INJURY Hour o.m., p.m., 21. I certify the deoth resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type) JOSE	CANT CONDITIONS CO VAS UTING Total took charge rom: Natural	20b. DESCRIBE F 20b. DESCRIBE F 20b. DESCRIBE F 20b. INJURY Of the remoins of	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P for While 2 described obove, accident 3. Sa verdale, 3. NAME OF CEMETERY O	D. (Enter nature of injury in pactory, street, office bldg., etc. M.D. ASSISTANT MED DEPUTY MEDICAL Address (Street) R CREMATORY	Part I ar Part II af item n, 20f. (City or to) Inspection X, Undetermine EXAMINER AL EXAMINER AL EXAMINER 1, city, town, or county) 23d. LOCATION (City	Inquiry X, ned monner	PERFORME YES X N Inity) (S ond in my of 22. DATE S 6-12-67 (County) (Sto	D? NO
Canditians, if any, whist rise to immediate coustaining the underlying last. PART II. OTHER SIGNIFI 2Da. EXTERNAL CAUSE V PRIMARY ar CONTRIB CAUSE OF DEATH. 2Dt. TIME OF INJURY Hour o.m. p.m. 21. I certify the deoth resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23a. BURIAL, CREMATION,	CANT CONDITIONS CO VAS UTING Ot I took chorge from: Natural Natural 23b. DATE THER 6/15/67	COPONAMINATION OF THE PROPERTY	H BUT NOT RELATED TO HOW INJURY OCCURRE CCURRED 20e. P Hot While at wark at the control of the	D. (Enter nature of injury in PLACE OF INJURY (Hame, larn actory, street, office bldg., etc. held on Autopsy , jucide , Homicide CHIEF MEDICAL MD. ASSISTANT MED DEPUTY MFDIC. Address (Stree DR CREMATORY Cemetery	Part I ar Part II af item n, 20f. (City or to) Inspection X, Undetermine XAMINER EXAMINER AL EXAMINER AL EXAMINER 1, city, town, or county) 23d. LOCATION (City Prince Great County)	Inquiry X, ned monner	ond in my of the state of the s	D? tate) ppinio

VR A15ME (5) 6M 1/67

			28330
			*** *** ******************************
Lay non le lie	and the second	2,135,43	
			* ***
	AND THE PARTY OF		
	out disposit to learn		
o and a		Tone Lead	
			of the right
		- 17.5	
	1342 4	119	4.04.4
	or the state.		
	and a design of the second	to his message as	
	a with Jacob stoom thank		
	A STATE OF THE STATE OF		
			T
35-3-00			
,	A Arthur Sea		
		•	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

funeral Land 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages Land 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

	08633	3		CERTIFICA	TE OF	DEATH				0	863	32
1.	PLACE OF DEATH o. COUNTY					AL RESIDENCE (Where dec	eosed lived, if institu		nce befare	admissio	n)
-10		rince George	26	MARYLAND	0. 3		land		rince	Cent	290	
	b. CITY OR TOWN (I	f outside corporate limits, give nearest town)		NGTH OF STAY IN 16	c. CITY			arate limits, write R				
		hever1v		7 wk		Co11	ege	Park		16.	1	
		AL OR INSTITUTION (If nat			d. STR	EET ADDRESS	-			е	IS RESID	ENCE RM?
	Prince	Georges Ger	eral Hos	pital		9102	49	th Place		Y	ES 🔲	NO S
3.	NAME OF	First		Middle		Last	4. DAT		nth	Doy	Yeo	ır
	DECEASED (Type or print)	Mary		F	Dan	olph	OF DEA	тн	Termo	12	196	7
S.	SEX			Emma NEVER MARRIED	8. DATE		0.00	9. AGE (In years	I IF UNDER	I YEAR	IF UNDER	
			WIDOWED 💭	DIVORCED	0,		05	last birthday)	Manths	Doys	Hours	Min.
	Female	(Give kind of work dane	10b. KIND OF			July 18		r fareign country)	12 (1	TIZEN OF	WHAT	
	ring most of working		INDUSTRY		V	irginia	G State, at	rurengir country)		UNTRY?	*******	
13	. FATHER'S NAME				14. M	THER'S MAIDEN	NAME					
	G	eorge Gilmon	re			Eliza	beth	llowdyshe	11			
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates af s	16. SOCIAL		7. INFORMA			Add		177		
(1	es, na. ar unknawn)	(It yes give wor or dates at s	223 1	4 0288	Lloyd	D Rando	lph	College	Park,	Md.		
		which gove) (b	Ce	ectrol	fero	ulays					RVAL BET ET AND C	
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS COM	TRIBUTING TO DEAT	TH BUT NOT RELATED 1	TO THE TERM	INAL DISEASE COI	NDITION G	GIVEN IN PART 1(a)			WAS AUTO PERFORM S	
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DESCRIBE	HOW INJURY OCCURRI	ED. (Enter no	ture of injury in	Part 1 ar	Part II of item 18.)	13	2		
MEDICAL	Haur a.n	n. 19	at wark	Nat While at work	factary, stree	URY (Hame, farn I, affice bldg., etc.)	f. (City ar tawn)		unty)		Stote)
	21. I certif	fy thot (this hospi	tol) ottended th	ne deceosed from	June	6,	67	to June 1	3, 19	67, the	ot (PF (we) lost
		eceosed olive onJ	une 13,	19 <u>6 /</u> , ond t	hot deoth	occurred of	9,10	_h, from couses				obove.
	22a. SIGNATURE	for 1 &	Lish	mx	M.D. PHY		MED. DIRECTOR	STAFF PHYS.		ine 1	_	967
	22c. PHYSICIAN'S NAME (Type)				22	I. ADDRESS						
	MAMIC (Type)	Leon R. Le	vitsky,	M. D.	Pı	ince Ge	orge	s General	Hospi	Ital		
23	a. BURIAL, CREMATIO REMOVAL (Specify)	June 17		NAME OF CEMETERY			23d. Co.	LOCATION (City or I lmar Mano	awn) r Pro	(County) Geo	Mc	tate)
2	4. FUNERAL DIRECTO	R		ADDRESS		2Sa. REC'I	D BY REGI		EGISTRAR'S			
	F	. Gasch's So	ons Hyat	tsville, 1	id.	DAHUN	19	1967 40	liarle	o Jus	dge.	

THE BUILDING PORT DESIGNATION OF THE SECTION OF THE SEC

MEAST TO MADERIAL

algrost.co.fri Amptitals		estate) do alo	
	Sec. V. min.		
9102 (9th Place II I was 1	Inclusion Inves	laoren fu	Deine
The state of the s			
1 000 till 1800 till	7	a · · · · · · · · · · · · · · · · · · ·	nlz-st
into a series	6,010		
Mark the contract of the contr			
The state of the s			
Marie Control of the	. Td		
Teel, 41 and 123			
Indiana league) served confor	. v=123	d many	
The few are 2010 pulled			

Charles and the land of the control
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPDS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages and shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and infany event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.

		DIVISION OF	VIIAL KE	LOKD3, 301 W.	PKESIC	M SIKELI, DALIIMO	RL, MARILAND 21201					
	08634		31/1	CERTIF	ICATE	OF DEATH		(18633			
	PLACE OF DEATH a. COUNTY Prince	Georges		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Mary land Prince Georges						
	Chever.	f autside carparate limits, give nearest tawn)	17 6	c. LENGTH OF STAY 2 days		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Mt. Rainier						
		AL OR INSTITUTION (If not in Georges Gen				d. STREET ADDRESS 3718-36th	e. IS RESIDENCE ON A FARM? YES NO					
	NAME OF DECEASED (Type ar print)	First Ja	mes	Middle E.		Redmon d	4. DATE Manti OF DEATH Ju	ne	Day Year 29, 1967			
5.	SEX Male	6. COLOR OR RACE 7	7. MARRIED X	NEVER MARRIE DIVORCE		B. DATE OF BIRTH 12/19/08	9. AGE (In years last birthday) 58 50%. yrs.	IF UNDER 1 Y Manths D	YEAR IF UNDER 24 HRS. Days Haurs Min.			
dur	ing most of working l	(Give kind af wark dane life, even if retired)		O OF BUSINESS OR USTRY HOME			State, ar fareign cauntry)	12. CITIZ COUN	EN OF WHAT			
		Redmond					Mc Gowan					
IS. (Ye	WAS DECEASED EVE es, no, ar unknawn) Y 🗗 🕿	R IN U.S. ARMED FORCES? (If yes give war ar dates af s	ervice) 16. SO 57	CIAL SECURITY NO. 8 28 93		NFORMANT Virginia N	Addre A Redmond Mt		nier, Md.			
N	Canditians, if any, rise to immediate stating the under last.	e cause (a),	or arte	doney wo du	ctes CALLED TO TO	rfuction retroid Corona THE TERMINAL DISJASE CON	ayor flor he DITION LIVEN IN PART 1(a)	,	INTERVAL BETWEEN ONSET AND DEATH AUCKS 19. WAS AUTOPSY PERFORMED?			
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature af injury in P	Part I ar Part II af item 18.)		YES XXX NO _			
MEDICAL	Haur a.m p.m	1, 19	While at wark		fact	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)		(Caunt				
							9, to <u>June 29</u> 5_p_M, from couses of					
	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Leon Levits	ky, M.	D.	M.L	PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. LISLAND Ave. M	22b. DATE				
	BURIAL, CREMATIO REMOVAL (Specify)	July 3		23c. NAME OF CEM		Cometery	23d. LOCATION (City or Tov Washingto	n. D.	aunty) (State)			
	. FUNERAL DIRECTOR	runeral Ho		address t Raini		2Sa. REC'D	BY REGISTRAR 256. REG	Clare	NATURE			

VR A15 (4) 25M 1/67

surrow addition both vint

2 days | lo. Calmine

Trings Topy on Canaral Housestern Liver Miles Man Street

the locality of the control of the c

- milder to the last of the

CAN DECEMBER OF THE PARTY OF TH To let earl

.bB Pasinian . Mr. swi Low Lot . shows SCAL

Fig. 1, 1 and an Arise of the Louis State of the Lo

THE PASSED NAME OF THE PASSED
A M votestvel mysl

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08635

08635 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY ince Georges Maryland MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 hin 72 hours af write RURAL and give nearest town) Greenbelt e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Eugene Leland Memorial Hospital 2 K Laurel Hill Road YES NO X 3. NAME OF Middle 4. DATE carbon Day Year completely DECEASED OF DEATH event, v Alex D onald Richey, Sr. June 67 13. (Type or print) SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** remove last birthday) Days Hours Male White WIDOWED 7-20-02 In ony DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? physicion of the please INDUSTRY Tenn. Linatype 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, J. A. Richev Mary Bryant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) I(If yes give war or dotes of service Patient/Medical Record cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit i burial, cremati PART I. DEATH WAS CAUSED BY **QNSET AND DEATH** IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause os the prior to b certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (State) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year (City or town) (County) Hour a.m. factory, street, office blda., etc.) Nat While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 19 67 and that death occurred at 2 AM, fram causes and an the date stated above saw the deceased alive an____ 22g. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR director, poge 3 should be filed v PHYS. hiaramonte 4404 Queensbury Road, Riverdale, Md. 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) BOR IA L TENN TYNER CEM. CHATTA NOOGA 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE NHUN 16 1967 W.W. CHAMBERS Cu RIVERDALE

ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 haurs after deoth be retained by the hospital or attending Poge 4 may

25M 1/67

Berrens Buş.iri AND THE PARTY BLANCO

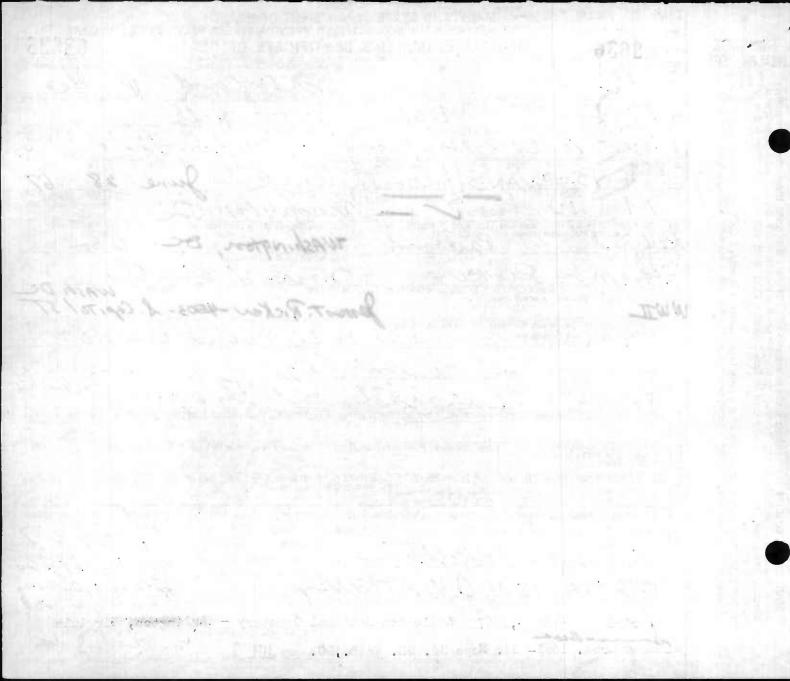
n 18. Give Pages 1, 2, and 3 is the funeral and with form PM3. Page 5 may be the pages 1 and 2 with the State Department of the pages 1 and 2 with the State Department of the pages 1 and 2 with the State Department of the pages 1 and 2 with the State Department of the pages 1 and 2 with 12 hours after death.

EXAMINER: This certificate should be executed within 24 hours after death. If any delatic certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is nould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page File permit. burial-transit a used as to burial, the certificate, writing the should be forwarded to the or or 3 should bagent, price CTOR: Page files. FUNERAL DIRECTOR: Health or its design Page 4 for your please execu DEPUTY ME 0 director. retained 00

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNDY a. STATE COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b TOWN (If outside corporete limits, write RURAL and give neerast town) yerite RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET a. IS RESIDENCE DN A FARM? NO X NAME OF Firat Middle DATE Day Yaar DECEASED OF DEATH (Type or print) 196 SEX 6. COLDR AGE (In years | IF UNDER 1 YEAR | Isst Dirtoday) | Months | Days IF UNDER 24 HRS Hours MIn. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? oxured 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) WWTI 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, If env. which (b) gave rise to immediate DUE TD causa (a), stating underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 20e. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 2De. PLACE OF INJURY (Home, farm, | (County) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 2Df. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work p.m. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Homlcide Undetermined death resulted from: Natural causes Accident Suicide mánner **ACTUA** SICNATURE **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Arlington National Cemetery Burial Arlington, Virginia SUNERAL DIRECTOR REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1661- Gd. Hope Rd. SE. Wash., DC. Bros. DATE .

Item 21 Film 391 8-2- MARYLAND STATE DEPARTMENT

VR AI5ME (5) 5M 1/65



death. haurs within 72 aper campl evel ave and in any physician en please removal, attending partners of the permit. 0 crematian, signed by the burial-transit p burial, crematia attending the prior to OS has Health this certificate far the haspital 40 detached State After pe be retained with filed TO HOSPITAL Page 4 may b

The law requires that the death certificate be executed within 24 haur

OR ATTENDING PHYSICIAN:

TO FUNERAL DIRECTOR: director, page shauld be filed

CERTIFICATE OF DEATH 08637 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Glenn Dale 5 vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Glenn Dale Hospital 17 N St. YES NO X N.W. 3. NAME OF Middle DATE Last Month DECEASED (Type or print) Monroe Robbs, Jr. DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Months Hours WIDOWED Y DIVORCED 2/5/08 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? painter 13. FATHER'S NAME self employed USA 14. MOTHER'S MAIDEN NAME Monroe Robbs, Sr Ida Gaffney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service) 245-05-1317 no decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Massive pulmonary hemorrhage ONSEI AND DEATH IMMEDIATE CAUSE for DUF TO 7 yrs. Pulmonary tuberculosis Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Generalized arteriosclerosis, mild YES A NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth. Day. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While at work at wark 3/16/ 19 62 to 21. I certify that (*) (this haspital) attended the deceased from 6/12/ 19 67, that (we) last saw the deceased alive an 6/12/19 67, and that death occurred at 15AM, fram causes and on the date stoted abave. 220. SIGNATURE 22b. DATE SIGNED PHYS. 6/12/67 M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md 23d BURIAL CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

VR A15 (4) 25M 1/67

Prince Georges

HOLDBURN HE HERRICK LINES IN SECURITION OF THE S

S venue XXXXXII, and Wenington, D.C.

. N. A grant and a grant of all areas.

Houron Rosbn, Jr.

12/3/98 58

.d.S herofque liss W. regalag

245-45-1217

the state of the s

3/16/ 82 6/12/ 3/10/ 6/ 3/16/ 82 6/12/

1.1 12.25 401

Green Rala Honortel, Cleme Dale, Md.

Ta\52\6 x

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

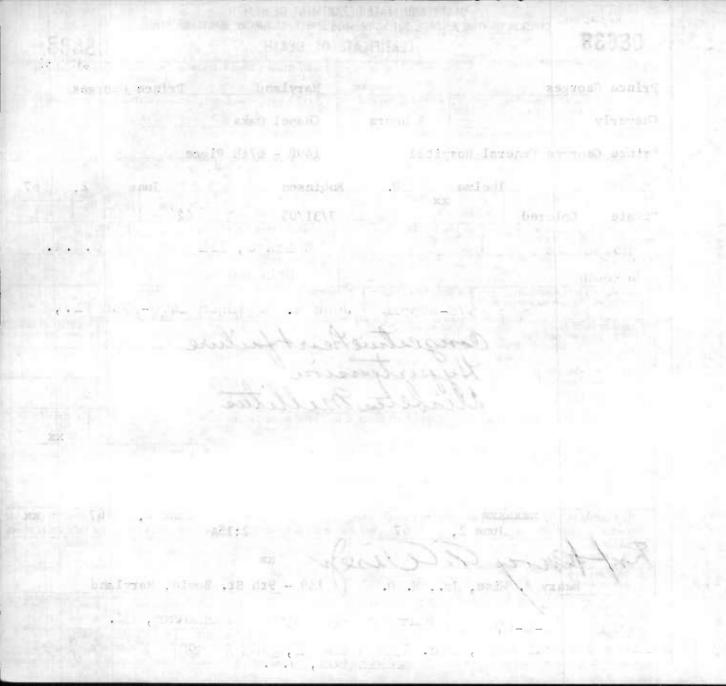
08638

CERTIFICATE OF DEATH

08638

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if				
o. COUNTY Prince Georges	MARYLAND	o. STATE Many I and Dw	b. COUNTY			
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	Maryland Prince Georges c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)				
write RURAL and give nearest town)			The RORAL old give heorest towns			
Cheverly	5 hours	Chapel Oaks	16-1			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tal, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
Prince Georges General H		1408 - 67th Place	YES NO			
3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month Doy Year			
(Type or print) The 1m	na 0.	Robinson OF June 2 19 6				
	IED K NEVER MARRIED	0 105 (1				
Female Colored WIDOW		7/31/05 8. DATE OF BIRTH 7/31/05 61/62/	yrs. Months Doys Hours Min.			
10o, USUAL OCCUPATION (Give kind of work done 10th	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country	y) 12. CITIZEN OF WHAT			
during most of working life, even if retired)	· INDUSTRY	Chicago, Ill	COUNTRY?			
Housewife 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 0.0.4.			
Unknown		Unknown				
	1/ 62-11 62-110 T					
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service).		INFORMANT	Address			
5	78-285514 J	ohn R. Robinson 14	08-57th Pl.,			
18. CAUSE OF DEATH (Enter only one couse per line	for (a), (b), and (c).)	1 1 1 1	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ma Ochio	hourt Lelyro	ONSET AND DEATH			
260X DUE TO	- General	and france				
Conditions, if ony, which gove) (b)	Lunas Tour	15.				
rise to immediate couse (o),	y feeren	asa.				
storing the underlying couse	9. Vota	no of the	A-1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
lost. (c) (c)	uaperes!	Herrina	I a market a service and a ser			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?			
N. A.			YES 🔀 NO			
	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Part II of item	18.)			
20c. TIME OF INJURY Month, Doy, Yeor 20	d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or t	own) (County) (State)			
20c. TIME OF INJURY Month, Doy, Yeor 20		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	own) (County) (Stote)			
20c. TIME OF INJURY Month, Doy, Yeor 20 Hour o.m. 19 of	/hile Not While of work of work	tory, street, office bldg., etc.)				
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 ot 21. 1 certify that (I) (**********************************	tended the deceased fram_	tory, street, office bldg., etc.)	e 2, 1967, that (I) (mat la			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 of ot saw the deceased alive an June	tended the deceased fram_	tory, street, office bldg., etc.)	e 2, , 19 <u>67</u> , that (I) (xxx) la auses and an the date stated abov			
20c. TIME OF INJURY Month, Doy, Yeor Hour'o.m. 19 ot 21. 1 certify that (I) (***X*********************************	tended the deceased fram_	tory, street, office bldg., etc.) , 19, toJun t death accurred at 2 • 15AM, fram c	e 2, , 1967, that (I) (xxx la auses and an the date stated abov			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. 1 certify that (I) (**********************************	tended the deceased fram_	tory, street, office bldg., etc.) , 19, to	e 2, , 19 67, that (I) (xxxx la auses and an the date stated abov			
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 21. 1 certify that (I) (**********************************	tended the deceased fram	it death accurred at 2 • 15 AM, fram control of the physics of the	e 2, , 1967, that (I) (xxx) la auses and an the date stated above 22b. DATE SIGNED			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. 1 certify that (I) (**********************************	tended the deceased fram	tory, street, office bldg., etc.) , 19, to	e 2, , 1967, that (I) (xxx) la auses and an the date stated aboves.			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. 1 certify that (I) (**X**********************************	tended the deceased fram	, 19 , to Jun 11 death accurred at 2:15AM, fram co ATTENDING MED. STAF PHYS. AND DIRECTOR PHY 22d. ADDRESS 149 - 9th St. Bowie CREMATORY 23d. LOCATION (Ci	e 2, , 1967, that (I) (xxx la auses and an the date stated above 22b. DATE SIGNED , Maryland			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. I certify that (I) (**********************************	tended the deceased fram	19 to Jun 19 to Jun 10 death accurred at 2:15AM, fram co 10 ATTENDING MED. 10 DIRECTOR PHY 122d. ADDRESS 149 - 9th St. Bowie CREMATORY 23d. LOCATION (Ci	e 2, , 1967, that (I) (xxx) la auses and an the date stated above 22b. DATE SIGNED Maryland Ty or Town) (County) (State)			
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 21. I certify that (I) (**********************************	tended the deceased fram_2,1967_, and the	19	e 2, , 1967, that (I) (mest) la auses and an the date stated above 22b. DATE SIGNED Maryland Ty or Town) (County) (Stote)			
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 21. I certify that (I) (**********************************	tended the deceased fram_2, 1967, and the Jr., M. D. 23c. NAME OF CEMETERY OR Harmony Co	19	e 2, , 1967, that (I) (xxx) la auses and an the date stated above 22b. DATE SIGNED Maryland Ty or Town) (County) (State)			

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any eyent within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



FOR STAT DEPT.

in pencil in Item 18. Give Pages 1, 2, and 3 to 1 Examiner's Office olong with farm PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is

99

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Giy the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301 Item #9 Film #G320.7

	0863	3	MEDI	CAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		08	363	9
	PLACE OF DEATH o. COUNTY	Prince Geo	rge's	MARYI	LAND	2. USUAL RESIDENCE (W o. STATE Mary			Pro G		
	b. CITY OR TOWN (I	f outside corporate limit f give nearest town)	s,	D O A		c CITY OR TOWN (If out Seat		limits, write RURAL	and give ne	orest tov	vn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince Georges General Hospital					d. STREET ADDRESS Ad	dison	doad		e IS ON YES	RESIDENCE A FARM?
3. NAME OF First Middle					Lost	4. DATE	Month		Doy	Year	
	DECEASED (Type or print)	Dam	a	С		Rowe	OF DEATH	June	26,		19 67
	SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED		B. DATE OF BIRTH			IF UNDER 1 YEA	-	NDER 24 HRS.
	female	white	WIDOWED [DIVORCED		lug 12, 191	/	yrs.			
	ing most of working Housev	(Give kind of work done life, even if retired) vife	IND	D OF BUSINESS OR USTRY WN home		11. BIRTHPLACE (Stote of		try)	U COUNT		AT
13.	FATHER'S NAME	John Lienh	ard			14. MOTHER'S MAIDEN N	AME				
15.	WAS DECEASED EVE es, no, or unknown) no	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service) 16. So	OCIAL SECURITY NO.		NFORMANT 71e K Rowe	Seat 1	Address Pleasant			
CATION	PART I. DEAT // 2 / Conditions, if ony, rise to immedioty, stoting the under lost. PART II. OTHER SIG	e couse (o), DUE	(c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	MONTH BON NOT THE	S (Corone Sleven Jordan HE JEMINY GISEASHOW	OTION GIVEN	Au af	este	ONSET A	DTOPSY ORMED?
PRIMARY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (Solution of the primary of the primary occurrence) (Solution of the primary occurrence) (Solution occurrence) (Solut											
MEDICA	20c. TIME OF INJU Hour o.n p.n	JRY Month, Doy, Yeor n. n. 19	20d. INJ While of work	Not While		E OF INJURY (Home, form, ory, street, office bldg., etc.)		City or town)	(County)		(Stote)
	deoth result ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ed from: Noture	ol causes O V O V O L	, Accident [],		id on Autopsy (), ide (), Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street,	EXAMINER CAL EXAMINER City, town, or	etermined mon 3 5318 county Black	andus	22. s	My opinion 67 MATE SIGNED 21
230	BURIAL, (REMATIO REMOVAL (Specify) Burial					Cemetery		TION City or Town		inty)	(Stote) Md.
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md. DATA UN 2 9 1967 ADDRESS Hyattsville, Md. DATA UN 2 9 1967											

VR A15ME (5) 6M 1/67

a bester comment .no. demand draw hate meeting was Ist house foreign assenses open't Dis 5191 11 200 lyle I Las (det Messatt, 16. The state of the s

The Company of the Co

. C. plivatery and a deman

CERTIFICATE OF DEATH

08640

08640 the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Prince Georges b. COUNTY MARYLAND Maryland Prince Georges b. CITY OR TOWN (If outside carporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Cheverly 5 hrs. Palmer Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Med in Prince Georges General Hospital 7804 Normandy Road YES NO T 3. NAME OF Middle Scheibachlost 4. DATE Month Year completely corbo DECEASED (Type or print) Baby Girl. Sheiback DEATH June NEVER MARRIED 9. AGE (In years S. SEX DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED lost birthday) Months Days Haurs in ony WIDOWED DIVORCED Female White June 15, 1967 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physicion on please INDUSTRY Cheverly, Pr. Geo. COUNTRY? puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo John Fred Scheibach Shelby Jean Fiagle 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. cremotian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) þ DUE TO signed burial Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (this haspital) attended the deceased fram June 15, 19 67, ta June 16, 19 67, that (we) last be retained TO FUNERAL DIRECTOR: saw the deceased give an June 16. 1967 and that death accurred at 3:20 AM, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. director, page s 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Bernardo Alvarado, M, Prince Georges General Hospital 23a. BURIAL CREMATION 23b. DATE THEREO! 28C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Cremation Prince Georges Gen. Hosp. Cheverly Maruland 7/1/67 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE William A. Parker. Asst. Admin. Cheverly, Md, DAY

The law requires that the deoth certificate be executed within 24 haurs after deoth.

VR A15 (4) 25M 1/67

ATTENDING PHYSICIAN:

			0.433
the service of the service of	1 -4		March Cantes
Larrie south			AND THE RESERVE OF THE PARTY OF
	Palmer Bu	. is her.	Construction
gray, iona, iona	250 - North	lospical indicate	farons? surrous sonive
to M	Saudanil .	1217	ron II
	Inne 15. I		planed states
	ab wolash		Tohn Prod Schulusch
Sand.	wite in	reticha. Present	
120A	June 13.	-101,01	art. 22 Jan
22 (24) " DOK " 1			
Institut faransi as ro	o innuiu	.C.M. obenn	via obrana — — — Niv
Cleronia Pr Lambian	ges det. Your.	Phillips (con	1377 Lagrana
	191 1924		the place of the same of

FOR STATE HEALTH DEPT.

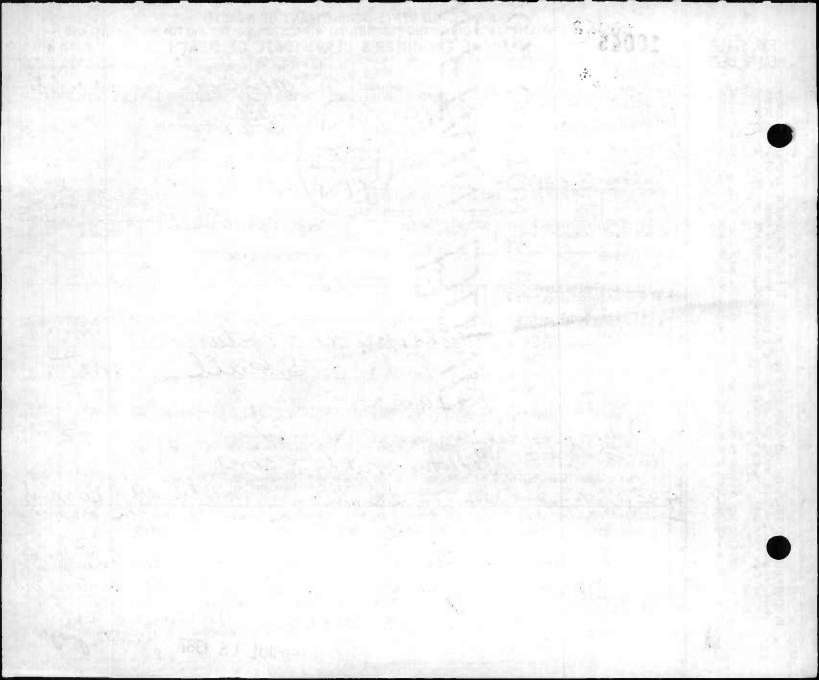
O DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bours after death. TO DEPUTY MED

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH

10045	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	10047
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (When	b. COUNT	
CITY OF TOWN 1/4 purside as	reco	MARYLAND LENGTH OF STAY IN 1b	More		meanually
b. CITY OR TOWN (If outside co	st town)	LENGIN OF STAT IN 18	C. CITY OR TOWN (IT outside	corporete limits, write	e RURAL and give nearest town)
d. NAME OF HOSPITAL OR INST	TUTION (If not in hoon	DOD-	d. STREET ADDRESS	× / A	e. IS RESIDENCE
Prince Len	sia Hen	and street address,	Bor 845	104	ON A FARM?
3. NAME OF	First	Middle	Last 4. Di		Day Yeer
(Type or print) (EO)	ege .	St	HEFIETT	EATH June	26 1967
5. SEX 6. COLOR OR I		NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
MW	WIDOWED	DIVORCEO _		53 yra.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b. KIND retired) INDU	OF BUSINESS OR JSTRY	11. BIRTHPLACE (Stete or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	IF	
20. TATILLY S HAME			14. MOTHER'S MAIDER HAM	i.	
15. WAS DECEASED EVER IN U.S. ARM	IED FORCES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or					
18. CAUSE OF DEATH [Enter of	nly one ceuse per line	for (e), (b), and (c).]	~	~	INTERVAL BETWEEN
PART I. DEATH WAS CAUS		ultiple	de tras	ures	ONSET AND DEATH
8124	DUE TO /	121	ch	00	
Conditions, If eny, which	(b) as	Reas	A DRU	ill	uno!
geve rise to immediate (DUE TO		3- 54 - 41		
underlying cause last.	(c)_/^2	auma			ARTI(A) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTION	NG TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE	CONDITION GIVEN IN PA	PERFORMEO?
5 Placotran	- Nex a	y on a	URREO, (Enter nature of Injury	In Part I or Part II of	YES NO
PART II. OTHER SIGNIFICANT COLUMN CAUSE WAS PRIMARY IZ OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month,		CRIBE HOW INJURY OCO	A CIA)	item 10.)
20c. TIME OF INJURY Month,	1/200	DRY OCCURRED 2 20e. PL	ACE OF INJURY (Home, farm, 20	Of. (City or town)-	(County) (State)
TO EAN' DROUGH WITH .	196 While at work	Not While at work	ory, street, office bldg., etc.)	notehellorl	le Pates mil
21. I certify that I took o		ns described above, Ke	eld an Autopsy 📐 Inspe	ection 🖳 Inquir	y , and in my opinion
death resulted from: No	atural causes [],	Accident , St	iicide 🔲, Homicide 🔲	, Undetermined n	nanner 🔲
d /		-	CHIEF MEDICAL EXAMI	NER	6-286/
SIGNATURE SIGNATURE	2 owal	1ens	M.D. ASSISTANT MEDICAL E	1 () () /	8 annopales Kel
EXAMINER'S NAME (Type)	ONO. 1	MATKIN	OEPUTY MEDICAL EXAM	120	Podensburg md
23a. BURIAL (CREMATION) 23b.	DATE THEREOF	OC. NAME OF CEMETER		LOCATION (City, tow	on or county) (State)
REMOVAL (Specify)	1.67	ANATI ?	OARD		RE Md
24. FUNERAL DIRECTOR		ADORESS		REGISTRAR 25b. REC	USTRAR'S SIGNATURE
			DATE JUL 1	8 1967	0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 08647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY 1. b. COUNTY Prince George's MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be b. CITY OR TOWN (If outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 21228 Baltimore. Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS Prince George's General State 615 Southmont Road hours DATE Month Middle Last NAME OF DECEASED Smi th June Sharon Lynn DEATH (Type or print) with 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH form NEVER MARRIED X last birthdey) | Months | Deys in Item 18. Give Pages 1 of Office along with form Pages NE White DIVORCED [Female WIDOWED event 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY pages 1 in any MOTHER'S MAIDEN NAME File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. in pencil in (Yes, no, or unkown)' (If yes give war or dates of service) permit. I EXAMINER: This certificate should be executed within Examiner's 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Fractured cervical vertebrae and crush injury IMMEDIATE CAUSE (a) of skull Medical DUE TO Conditions, If any, which Trauma due to automobile accident gave rise to immediate DUE TO cause (a), stating the Chief d the word underlying cause last. ed as burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Sin sate, writing the forwarded to t 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS be PRIMARY or CONTRIBUTING CAUSE OF DEATH. Primary Pa Automobile accident (passenger) shoul 3 shoul agent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. | 20f. (City or town) MEDICAL 20c. TIME OF INJURY Mostly 6 Day, Year Hour a.m. 2:13PM the certificate, should be forw Rt. 301 Not While While et work CTOR: Page designated et work 21. I certify that I)took charge of the remains described above, held an Autopsy , Inspection to . Inquiry x DIRECTOR: Accident Suiclde Undetermined manner death resulted from causes O DEPUTY MEDICAL execute the r. Page 4 s d for your f CHIFF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 0 DEPUTY MEDICAL EXAMINER X FUNERAL I EXAMINER'S please ex director. retained Cornelius J. Burns, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. To to REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME 3500 4-64

e. IS RESIDENCE

YES

18

12. CITIZEN OF WHAT

COUNTRY?

ON A FARM?

Yeer

1967

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO P

(Stete)

and In my opinion

22. DATE SIGNED

6/19/67

YES

(County)

Cheverly, Md.

NO

2'0,214 351 22 - 20 0 LETOTE B'OLL ON VEHICLE

and site also 9170 unic MOTHER

Practified corviced vericed and of the injury Tible 10 und bol of described on a law.

JE1911 TX 311277

urvi no

Saletonere, H Saletone

(19. mousic, classifor algomous)

(B) 82/8

T. CVCESV, Alla.

FOR STATE HEALTH DEPT.

O DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed executed within 24 hours after death. If any delay accessory, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

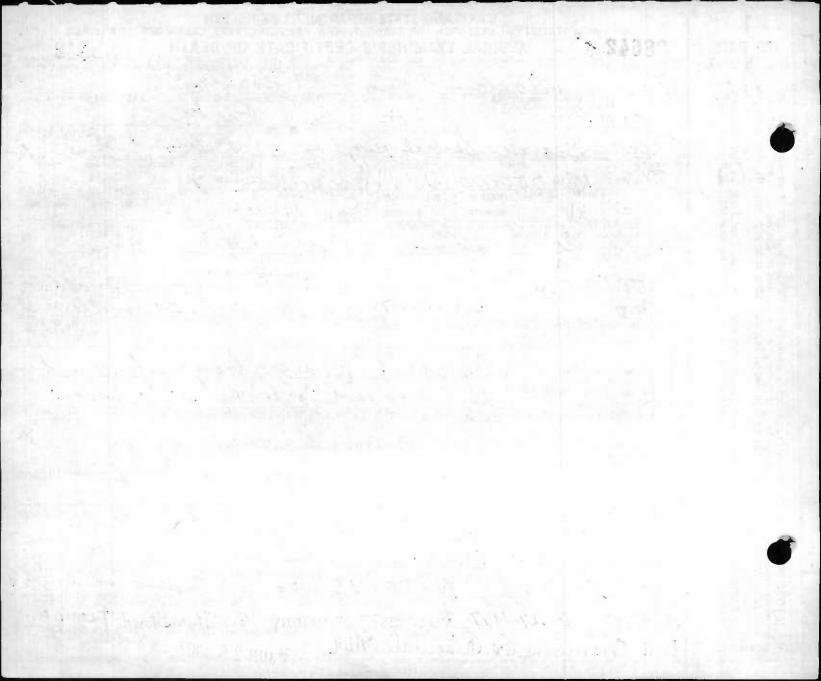
File pages 1 and 2 with the State Department and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, of Health or its designated agent, prior to burial, cremation, or removal, TO DEPUTY ME VR AISME (5) 5M 1/65

2

2

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	U8642 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 08642				
1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY				
	Prince Deorles MARYLAND	a. SIAIE HOUSE				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)				
	4. NAME OF HOSPITAL OR NISTITUTION (If not in hospital, give street address	d. STREET ADDRESS de la RESIDENCE				
0	Prince Georges General He	36 4252 Belwood St VES NO				
3.	NAME OF DECEASED (Type or print) ADDELIAND Middle M	V Lest , 4. DATE Month Day Year TOCKING FORTH June 2/ 1967				
5.	SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS.				
	/- WIDOWED DIVORCED	Surge 21-1908 5 9 yrs. Months Deys Hours Min.				
10a dur	a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR ring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	Joseph Carresa	unknown a 210				
08	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT 35 Address Dovald Dr				
	292 22 6427	is dra Harmon Forestville mil				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND OFATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Office Alto Section				
	Conditions, If any, which) DUE TO	Nomerohoge lammeter				
	gave rise to immediate	The state of the s				
	underlying cause lest. (c) Hyperfens	We Cordio voscular cliserse				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO				
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.)				
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
MEDICAL	Hour a.m. p.m. 19 While Not While at work	ctory, street, office bldg., etc.)				
	21. I certify that I took charge of the remains described above,	held an Autopsy 🔲 , Inspection 🔯 , Inquiry 📈 , and in my opinion				
	death resulted from: Natural causes Accident,	Suicide , Homlclde , Undetermined manner				
	Larry of Ma Malarine	CHIEF MEDICAL EXAMINER				
	SIGNATURE DONA KINS	M.D. ASSISTANT MEDICAL EXAMINER 33/8 gnnapslis				
	EXAMINER'S DAYTON O WATICI	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Colonsburg Ind				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
1	INVRIAL G-27-196/ MILLEREST CEMPTERY WEST HAIM, KRACH, HARRIDA.					
1	IMIL Chambers for Chines date Md					
1	ALLES I CHIMITOGRAF OF LANDERS OF THE PARTY	OATE 111N 2 3 1901				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0864	3		CERTIFIC	CATE	OF DEATH	- 1		086	43		
	PLACE OF DEATH O. COUNTY PRINCE	GEORGES		MARYLA	ND	2. USUAL RESIDENCE (W	Vhere deceose		ion: Residen			n)
4	b. CITY OR TOWN ((If outside corporate limit	s,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If out	tside corporot	e limits, write RU	RAL ond giv	e neorest	town)	
	ANDREWS	d give peared by BASE		l hr		ACCOKEEK			11	0.1		
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	ot in hospitol,	give street oddress)		d. STREET ADDRESS				e	. IS RESID ON A FA	ENCE
5	USAF HO	SPITAL AN	DREWS		3.3	RT 2, BOX	X 335			Y		NO X
	3. NAME OF		rst	Middle		Lost	4. DATE	Mon		Doy	Yea	
	DECEASED (Type or print)	SHEILA		RENE	S	TOFFREGEN	OF DEATH	JUI	1	22	19 6	67
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Dovs	IF UNDER Hours	24 HRS. Min.
	FEMALE	CAU	WIDOWED	DIVORCED		22 JUN 67		yrs.				51
	100. USUAL OCCUPATION	N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County 8			12. CI	TIZEN OF	WHAT	
	during most of working NA	ine, even it remedy		NA NA	A	PRINCE	GEOR	GES, MI) • "	UNTRYS	Α	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
		. STOFFRE				PATRICIA	L. C	LARK				
d	15. WAS DECEASED EVE	ER IN U.S. ARMED FORCES? ((If yes give wor or dotes o	of service) 16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Addr	ess			
	NO	NA		NA	F	ATHER	S	AME AS	#2	AU.		
5	IB. CAUSE OF D	EATH (Enter only one cou					Mark		1-1-1		RVAL BETV	
ŕ	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) RES	PIRATORY	DIS	TRESS & CA	ARDIA	C ARRE	ST	0	LI AND D	LAIII
ч	1/3,5	DUE	TO							-		
	Conditions, if ony	te couse (o)		MATURITY			20 0			0		
	stoting the unde											
	lost.)	(c)			TERMINAL DISCUSS CO.	DITION OF ITS	Latination (Control		110	MAC ALITO	DCV
,	S PART 11. OTHER S	IGNIFICANT CONDITIONS C	ONIRIBUTING	TO DEATH BUT NOT RELATE	ED 10 1	HE TERMINAL DISEASE CON	IDITION GIVEN	I IN PART I(0)			WAS AUTO PERFORME	:0?
	200. ACCIDENT WA	C HARCH VINC C	T not no	COURT HOW INHERY OCCU	IDDED (Fatar and the of the control of	0	U - (!h - 1D)	7 (1)	YE	S X 1	NO [
	至 20o. ACCIDENT WA	CAUSE OF DEATH	205. 08	SCRIBE HOW INJURY OCCU	JKKEU. (Enter noture of injury in f	rort t or Port	II of Item IB.)				
		(MEDICAL EXAMINER) URY Month, Doy, Yeor	304 11	NJURY OCCURRED 20	Do DIAC	E OF INJURY (Home, form	. J 20f.	(City or town)	ICo.	unty)	- 0	Stote)
-	Hour o.	m.	While	Not While		ory, street, office bldg., etc.)		(city of lowing	(60	uniy)	(-	31016)
	р.	m. 19	ot wor			22 June 1	0 6740	. 22 J	110010	7 Ab	- A 769 /.	\
	21. I cent	21. I certify that \$1) (this haspital) attended the deceased fram 22 June, 19 67 ta 22 June 1967, that \$6 (we) last saw the deceased alive an 22 June 1967, and that death accurred at 6:30M, fram causes and an the date stated abave.										
	220. SIGNATURE		44 00	17-B-17, dil	d mai		P.M	•		ATE SIGNE		ubuve.
		100.00	, /	101	M.D		MED. DIRECTOR	STAFF PHYS.	22	Ju	ine :	1967
	22c. PHYSICIAN'S		2	y cerpen				ospita	l And	drew	18	
1	NAME (Type	PHILLIP	STEINE	R, CAPT U	SAF				Wasl			331
	230. BURIAL, CREMATI		EREOF	23c. NAME OF CEMETE	RY OR	MOIT YOUANA		ATION (City or To	wn)	(County)	(51	tote)
	CREMATION	JUNE	1967	D. C. UMORGI	THE P	CMATION	WASH	IINGTON,	D.C.	203	31	
	24. FUNERAL DIRECTO		1.1.	ADDRESS	19/15		BY REGISTRA	AR 2Sb. RI	GISTRAR'S S	IGNATUR	Que	Ny a
	100	11 + / 1/4	111111			DATE	111 3	135/	1/ Cold	was	1	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplerely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave (arban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

			THE WIND OF THE	
		BETANCING THE	minso.	^ " -
ROBIES	5111111	CHAITTAND		PALMON GRONGES
		ACCOMBEK	nd I	ANDROVE AF DASE
	det	XOE . S TA		USAR HOLPETAL ADDRE
22 67	MOT.	MADERATORS	गाउन	
		ra kot se		TOTAL TOTAL
ASU	OH RESERVE	e anutan)		
	MAAJO .	PATRICELL		RALES L. STOTERESE
	STATE A THANK	EATUER - L	[41]	AN UNI
			YTISUTANIS	
e politica de la compansión de la compan	Tenui St. 13	22 June W.	dune 187	Tell Lend in a mortunal
1 June 186 drevs h 20 2013	TA Lasignon 1	ARL NO And	HIR, CAPP H	
		MITHMAN		

papers. Pag hin 72 haurs .⊑ within 72 filled carban campletely physician and length and In ar removal, burial, crematian, burial-transit þ O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. signed use as the lath priar tak this certificate has been State Dept. af Health FUNERAL DIRECTOR: After director, page should be filed

The law requires that the death certificate be executed within 24 haurs after death.

08644 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY b. CITY DR TDWN (If autside carparate limits, write RURAL and give neorest tawn) MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cheverly 19 d.

d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) 19 days Chespeake Beach e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO Prince Georges General Hospital 3. NAME OF Middle 4 DATE (Type or print) DEATH Certrude Stotler Tune S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours March 1892 WIDOWED DIVORCED Female White 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired) INDUSTRY CDUNTRY? Housewife Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Richard W. Stotler 14029 Eton Dr Marlboro Md 18. CAUSE OF DEATH (Enter only one cause per line fer (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? ucun and 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

Hour o.m. factory, street, affice bldg., etc.) Nat While ot work 21. 1 certify that (1) (this hospital) attended the deceased from /, to June 5 , 1967 , that (1) (mg) last and that deoth occurred at 1.00 MM rom couses and an the dote stated above. sow the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR

20e. PLACE OF INJURY (Hame, farm,

NAME (Type) Peter Duus, M. D.

(IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME DF INJURY Month, Day, Year

22c. PHYSICIAN'S

6124 Central Ave. Capitol Hights. Md

23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 6/7/67 Cedar Hill Cemetery

20d. INJURY DCCURRED

22d ADDRESS

DATE

23d. LOCATION (City or Tawn)

(City or tawn)

(State)

(County)

19 67

ND XX

(State)

24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Rd. Suitland, Maryland

Prince Georges, Maryland

0 VR A15 (4) 25M 1/67

THE WHITE STATE OF

enut mil inlanta

Figure 1891 was a second of the second of th

And the second s

and completely filled in by the Maran earbon papers. Pages 1 and 2 should within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Morera director, page 3 should be detached for use as the burial-transit permit. Then please remove arbog pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OR 62.5.

CERTIFICATE OF DEATH

00034	CERTIFICATE	OI DEATH			nxhah
. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where dacaase	d lived, If institution	on: Residence before admissi
Prince George		e. STATE		b. COUNTY	0.21.
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		ryland	limite surite DIDAI	and give nearest town)
writa RURAL end giva naarest town)					and give nearest town;
URAL-Upper Marlbor	Life	RURAL		boro	16-1
d. NAME OF HOSPITAL OR INSTITUTION (IF no		d. STREET ADDRESS			IS RESIDEN ON A FAR
Box 4161, Woodyard	road	Box 4161,	, Woodya:	rd Rd;	YES NO
NAME OF First DECEASED	Middla	Last	4. DATE OF	Month	Day Yaar
(Type or print) Lula Cele	stia Isutes	Sweeney	DEATH	June	25, 1967
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AG	(In years IF UND	
Towns and the state of the stat	IDOWED X DIVORCED 1	0/6/78	last	birthday) Month	s Days Hours Min
a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR	-, -, -, -	nty & State or forain	yrs.	CITIZEN OF WHAT COUNT
one during most of working life, avan if retirad)				Haras III a large	
iousewije B. Father's Name	Own Home	Marylar			U. S. A.
		14. MOTHER'S MAIDEN			
. M. Sweeney		Mary Ja	ane Smith	3.	
S. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no, or unkown) (Ifyas giva war or datas of services)	(a)	NFORMANT		Same a	as Item
No		therine E.	Sweene	7-#2	KS TOOM
18. CAUSE OF DEATH Enter only one cau	se per lina for (e), (b), and (c).]		1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(17) 200 (00	. 000	(112 30		ONSET AND DEATH
11201 DUE TO	Oronas		_ ~~ / ~	1	
Contract of the Contract of th	1.4	11.000	0 10 - 6	2 1)2	
gave risa to immediate causa	Trigios gen	De Condi	ovas cul	4 178	(ere-
(e), stating the underlying DUE TO					
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITION	45 CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN P.	ART 1(a) 19. WAS AUTOP: PERFORMED?
THE PARTY OF THE P					YES NO
PART II. OTHER SIGNIFICANT CONDITION 20%. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING 2 AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part II of i	am 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
2Dc. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, far	m, 20f. (City or to	wn) ((County) (State)
Hour a.m.	Whila Not While facto	ory, street, office bldg., etc			(0.000)
print 17	at work at work	1	1		
21. I certify that (I) (this hospital)	attended the deceased from	6/3-5	19.6% to	Jerman,	19, that (I) (we) I
saw the deceased alive on	6/25 19 4, and that	death occurred at/	M, from the	causes and or	the date stated above
22a. SIGNATURE	1	ATTENDING /	MED. ST	AFF	22b. OAT
1/	homes. M.	DUIVE TO		Ys.	6/23/isigi
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			1/
A. Clark	Holmes, M. D.	Upper N	farlboro,	Maryla	and:
a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			(City, town or co	
REMOVAL (Specify) 6/28/47	WA G			Marlbon	
Burial 0/20/67		Cemetery			
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		N 9 Q 100	256. REGISTRAR	S SIGNATURE
Ritchie Bros. Upper	Marlboro, Md.	20070 DATE	14 50 1901	1	The state of the s

VR A15 (4) 20M 5-63

1.84165			14100
**************************************	beal-cal	cas.	Prince decr
0.400	Imal regul-land	o'.iu 000	ALTEN BOOOD-INTO
(88 5)	Fox [161, Moody	5169 0	Sox Elol, Woodgar
time 25. (57	Zenows Z	lectic Koxix	ວີ ເຂົ້ນປີ
	10/5/7		Femile unite
40 40 40	Torally Mark	0 mtO - 1 MV)	en impanoli
	Many June Emil		E. M. Suseney
Some So Item	encort .2 salveste	219-91-8315	01
	and so a		
, Mary Lune:	Upper Harlbore	. C. Polimer. C. D.	1810 .a

6/28/67 H5. October

Hitchie Bros. upper Marlboro, Md. 20070 Mill & Mer

To trept

orotti varder

08646

Prince Georges

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

USA

(County)

e. IS RESIDENCE ON A FARM?

YES NO X

Year

IF UNDER 24 HRS

Haurs

19. WAS AUTOPS)

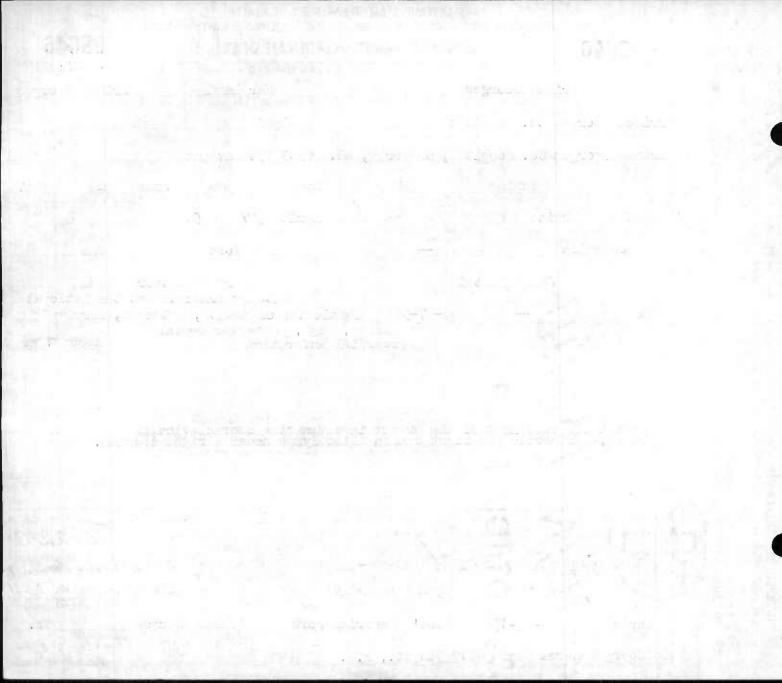
PERFORMED? YES X

(State)

08646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY 2, and 3 ta PM3. Page Prince Georges Maryland MARYLAND delay with the State Department b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) write RURAL and give nearest town) Prince Georges Co. Hospital DOA Adelphi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS be farwarded to the Chief Medical Examiner's Office along with farm Item 18. Give Pages Prince Georges Co. Hospital, Cheverly, 9303 19th Avenue Md. 24 haurs after death. 3. NAME OF 4 DATE Month DECEASED Eunice (Type or print) (NMN) Sykes June DEATH S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH ed bland last birthday) WIDOWED DIVORCED Female White April 1917 pages land2 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) during most of working life, even if retired)
Housewife INDUSTRY event within 72 hours after New York 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within permit. File Mary Schintzer Jacob Epstein 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Autopsy conducted the National (Yes, no, or unknown) (If yes give wor or dotes af service) Institutes of Health, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) Acute, high, posterior septal PART I. DEATH WAS CAUSED BY: burial-transit myocardial infarction IMMEDIATE CAUSE (o) writing the word DUF TO any Conditions, if ony, which gove rise to immediate cause (a). .= DUF TO stating the underlying cause 0 and PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6)
Metastatic carcinoma of the breast involving the subraclavicular
hilar, periaortic and right common iliac lymph nodes & right ischium removal 20g EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING 4 shauld cremation, ar MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) Hour o.m. factory, street, office bldg., etc.) Page Not While Page of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 4 nauiry funeral directar. death resulted from: Natural causes Accident Suicide [may be retained FUNERAL DIRECTO Hamicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ! NAME (Type) Address (Street, city, tawn, ar county 230. BURIAL CREMATION 23d. LOCATION (City or Tawn) REMOVAL (Specify) Nat'l Memorial Park Burial Falls Church 24. FUNERAL DIRECTOR **ADDRESS**

Goldberg Funeral Home 4217 9th St., N.W.

VR A 15ME (5) 6M 1/67



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-corbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after dealth.

00677

CERTIFICATE OF DEATH

ODCAM

00041	CERTITICATE	. OI DEATH		00034			
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where d					
o. COUNTY PRINCE GEORGES	MARYLAND	o. STATE MARYLAND	b. COUNTY	RINCE GEORGES			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside ca					
write RURAL and give nearest tawn) MARLOW HEIGHTS		MARLOW HEIGH		1/-1/			
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	al, give street address)	d. STREET ADDRESS	10	e. IS RESIDENCE ON A FARM?			
3829 ST. BARNABAS ROAD		3829 ST. BARNA	RAS ROAD	ON A FARM?			
3. NAME OF First	Middle	lost 4. DA		Day Year			
OFCEASED (Type or print) HesTra	s. T	0 A 4 4 OF		26 1967			
S. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In years IFL	INDER 1 YEAR IF UNDER 24 HRS			
FEMALE WHITE WIDOW		OCT. 9, 1892	last birthday) Mai	nths Days Hours Min.			
0o. USUAL OCCUPATION (Give kind of work done 10b	D. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State,		12. CITIZEN OF WHAT			
during most of working life, even if retired)	INDUSTRY	INDIA		COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		USA			
EDWIN M. STILES		ADA TUCK	ER				
IS WAS DECEASED EVER IN ILS ARMED EDRCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
(Yes, na, or unknawn) (If yes give war ar dates af service)		VIN A. TAPPAN S	AME AS # 2				
1B. CAUSE OF DEATH (Enter anly one cause per line		· · · · · · · · · · · · · · · · · · ·	110 11 2	INTERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY:	Other off a	atari		ONSET AND DEATH			
IMMEDIATE CAUSE (a)	Carrenous	1					
Canditians, if any, which gave) (b)	Par Muraus	Bronsto	7				
rise to immediate cause (a), Stoting the underlying cause	Comment						
last. (c)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY			
				PERFORMED?			
20a. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING CLAUSE OF DEATH 20b OR CONTRIBUTING CLAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I o	Port II of item 18.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,				
	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 2	Of. (City or town)	(County) (Stote)			
Haur a.m. 19	hile Nat While fac	tory, street, affice bldg., etc.)	,	(5.010)			
p.m. Orwark C arwork C							
22b. SIGNATURE.							
ATTENDING M.D. ATTENDING MED. STAFF DIRECTOR PHYS.							
22c. PHYSICIAN'S	1	22d. ADDRESS	11 1	05			
NAME (Type) J. H. 1716	ADRAU.	3/12-1	MIA.AVE	: S E .			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 230	I. LOCATION (City or Town)	(County) (State)			
REMOVAL (Specify) BURIAL 6/29/67	II TOWN CEMET			HAMPSHIRE			
24. FUNERAL DIRECTOR ROBERT E. WILH		E 2So. BED YY	GISTRAN 96 256. REGISTR				
4308 SHITLAND ROAD, SHITT		DATE		00			

VR A15 (4) 25M 1/67

026/2

	02645	2	CERTIFICATE	OF DEATH		00040	
1.	1. PLACE OF DEATH COUNTY Prince Georges MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland Prince Georges			
	b. CITY OR TOWN (f outside corporate limits, give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If a	iutside carparate limits, write KUKAL	and give nearest tawn)	
1		AL OR INSTITUTION (If not in eorges County	, , ,	d. STREET ADDRESS	Marlee Avenue	e IS RESIDENCE ON A FARM?	
	NAME OF	Firet	Middle	lost	I 4. DATE Month	Day Year	
	(Type or print)	JAMES	WILLIAM	TAYLOR	OF June	3, 1967	
S.	Male	7.79		8. DATE OF BIRTH 7-16-1921		FUNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Haurs Min.	
du	uring most of working	(Give kind of work dane life, even if refired) 11 us trator	10b. KIND OF BUSINESS OR INDUSTRY U.S.GOV!	Ohio	y & Stote, or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
13	3. FATHER'S NAME	m		14. MOTHER'S MAIDEN			
L	George				Deaton		
('	S. WAS DECEASED EVE Yes, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes af ser WW II	vice	Kathleen (Cain Taylor-	ee Item	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis						
	4201 DUE TO 1						
	Canditions, if any, which gave rise to immediate cause (a). (b) repetited covariance allowers.						
	stating the under						
ATION	PART II. OTHER SIG	19. WAS AUTOPSY PERFORMED? YES NO					
L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10		CE OF INJURY (Hame, far tary, street, affice bldg., etc		(Caunty) (State)	
			1) attended the deceased fram_ ne_319 67, and tha		1963, to Mile 3	_, 1961, that (1) (we) last d an the date stated abave.	
	22b. PATE SIGNED Beenl 4, 1967						
	22c. PHYSICIAN'S NAME (Type)	W.B.Mo	ase	22d. ADDRESS	shave ME		
23	BURIAL, CREMATIO	N, 23b. DATE THEREO			23d. LOCATION (City ar Tawn)	(Caunty) (State)	
1	REMOVAL (Specify) 24. FUNERAL DIRECTOR	Burial 6-7	-1967 Resurrect:	ion Cemete	eny Clinton	Md TDAD'S STANTING	
			Inc., Washington	230. KEC	D BT KEGISIKAK ZSO. KEGIS	FRAR'S SIGNATURE	
L	and htt da	"Tel. 2 Doug'	Lic., washington	. D.U. DAIL		0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Patheral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 4-end 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event whim 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 moy be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

CORDE

	-	08491		CERTIFICATE	OF DEATH		U5455
		PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceosed lived, if institution	on: Residence before odmission) /
1	(o. COUNTY	1	MARYLAND	o. STATE	b COUNT	
		b. CITY OR TOWN (If autside carpo	Jata limite	c. LENGTH OF STAY IN 1b	Maryla	utside corporote limits, write RUR/	ll and give persent town
		write RURAL and give nearest	(wn)	D.O.A.		ouside corporore infilits, write Koki	
	_	Takoma Par			Riverd	ale	16.0
~	(d. NAME OF HOSPITAL OR INSTITUT	ION (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS	1 "	e. IS RESIDENCE ON A FARM?
17		washingtor	Sanitari	um = Hospila	4711 50	merset hood	YES NO X
		NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
		DECEASED (Type or print)	rnest	(2)//10	Teske	OF DEATH	6 1967
de	5. 5			NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
K		male list.	WIDOWED	DIVORCED D	11-30-0	lost birthday)	Months Days Hours Min.
A	100	. USUAL OCCUPATION (Give kind of v	vork done 10b. KII	ND OF BUSINESS OR		8 Stote or foreign country)	12. CITIZEN OF WHAT
0	duri	ina most of working life even if retir	redN IN	DUSTRY	1		COUNTRY?
	13	FATHER'S NAME	alesman		14. MOTHER'S MAIDEN	NAME	LUSA
	10.	TATTIER 3 NAME		14 - 14 - 17 -	1	7	
	16	Charles W.		Octob encupity up	houls		
		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give wor	or dates of service)		NFORMANT	Addres	1 "
		NO	5	19-03-0182 R	records - Le	Jashington San	Harium + Hospital
		1B. CAUSE OF DEATH (Enter on		(o), (b), ond (c).)	11	v r	INTERVAL BETWEEN
-			ATE CAUSE (o)	orgestive	Heart t	acluse	ONSET AND DEATH
)		260X	DUE TO	11/1/41	1 ,		
5	0.1	Conditions, if ony, which gove	(b)	reprised.	Quello.	MP	H05.
)		rise to immediate couse (o), stating the underlying couse (DUE TO	n/4.1.4.	1000		
		lost.	(c) L	naverer p	recul	u	y RS
2	-	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
2	CERTIFICATION						PERFORMED? YES NO
5	IFIC	20o. ACCIDENT WAS UNDERLYING D	□ 20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)	1 2 20
1	CERT	OR CONTRIBUTING CAUSE OF DE	HTA				
7	MEDICAL	20c. TIME OF INJURY Month, Do		JURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m, 20f. (City or town)	(County) (Stote)
4	WED	Hour 'o.m.	While	Not While focto	ory, street, office bldg., etc		(0.000)
5		p.m.	OI WOIL		HOUNT	10/4 1/2017	7 1065 H 1 10 1 NT
		ZI. I certify that (I) (this nospital) affend	ded the deceased from	doath occurred a	120 M from courses of	6, 1962, that (I) (we) last and on the date stated obave.
		22o. SIGNATURE	e an O O C	19 - 7, and mai	dedin occurred d	1 1 - 1 m, Iralli causes a	22b. DATE SIGNED
		220. SIGNATURE	11 4	Gralles M.D	ATTENDING PHYS	MED. STAFF	ZZO. DATE STONED
		22. DUVSICIAMS -	1 - 1	C FU CUM NIL	PHYS. 22d. ADDRESS.	DIRECTOR L PHYS. L	SILUER
1		22c. PHYSICIAMS NAME (Type)	-1 4-0K	OLLMAN	1106	9 PRING 57.	SPRING MD.
/	00-	DUDIN COCHITION LOOK	DAYS FUEDEOS	The ways of conference on			
	230		DATE THEREOF	23c. NAME OF CEMETERY OR C		Colmar Manor	
			ne 10, 1967				
	24	FUNERAL DIRECTOR F. Gasc	h's Sons H	yattsville, Md	• 250. REC	- 001	GISTRAR'S SIGNATURE
					DATE	1 2 1967	ares frag

executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages—Land director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. P

Pages Land

Sign of the same o			1676	
	Andrew Stand			
	Sugar Party &			
125		The holis		
> %~(190 37.20			
ile Silver too				
		Contract of		

649

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my apinian

(Stote)

FOR STATE	08649 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH US649
HEALTH DEMI	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTYPro George's
a. 3.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg,
s 1,	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) Prince George's General Hospital	d. STREET ADDRESS 5450 Varnum Street e. IS RESIDEN ON A FARI YES \(\sum \) NO
dea dea	3. NAME OF DECEASED (Type or print) LouisE Wright 7	HOM HS DEATH June 25, 1967 19
w	female white WIDOWED DIVORCED	Feb 11, 1912 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 Months Doys Hours Yrs.
within 24 hours pencil in Item 18 kaminer's Office die pages 1 and 2 v haurs after death	1Db. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 1Db. KIND OF BUSINESS OR INDUSTRY Company	11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRYS &
l within 24 hours n pencil in Item 1 Examiner's Office File pages 1 and 2 2 haurs after deat	13. FATHER'S NAME Clinton Wright	14. MOTHER'S MAIDEN NAME Ella F Adams
executed wanding" in padical Eximples of permit. Fill within 72 h	(V-	INFORMANT Lugene F Thomas Cheverly, Md.
be "pe "pe hief ansid	18. CAUSE OF DEATH (Enter only one couse per liperior (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Throndos 30 NISET AND DEA
shau the urial- any	Conditions, if ony, which gove rise to immediate couse (o),	Lenos deros geor
fing the tring the ring the ri	stoting the underlying couse Dut 10	
C 3 de s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 2Do. EXTERNAL CAUSE WAS PRIMARY OCONTRIBUTING CAUSE OF DEATH	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED YES \(\subseteq \) NO
		(Enter noture of injury in Port I or Port II of item 18.)
= 3 ± € =		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stotory, street, office bldg., etc.)
200 200	21. I certify that I took charge of the remains described above, he death resulted fram: Natural causes , Accident , Suic	eld an Autapsy 🔲 , Inspection 🔼 Inquiry 🔀 and in my ap ide 🔝 , Homicide 🔲 , Undetermined manner 🔲 ,
	ACTUAL Day An Twill	CHIEF MEDICAL EXAMINER \(\begin{array}{c} \cup & - \cup
o DEPUTY necessary, plane funeral of may be re o Funeral I Health priar	EXAMINER'S DAYTON OWATE	N SAddress (Street, city, town, or coun Bladus bury n
the Heal	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stot

VR A15ME (5)

BUT 1 (Specify)

Ft Lincoln Cemetery 24. FUNERAL DIRECTOR **ADDRESS** F. Gasch's Sons Hyattsville, Md.

June 28, 1967

2So. REC'D BY REGISTRAR DATUUN 29

Colmar Manor Pro Geo Md.

The same of the sa i i letomiti. (ii June 25, 1907 200 and 11 du 200 and the travers thereof the every 15 and THE REPORT OF THE PARTY OF THE N. J. dalp. Mark Charles and John N. N.

FOR STATE HEALTH DEPT.

cessary, funeral may be State Department hours after death. DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execus, we certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2/with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 TO DEPUTY M

VR A15ME (5)

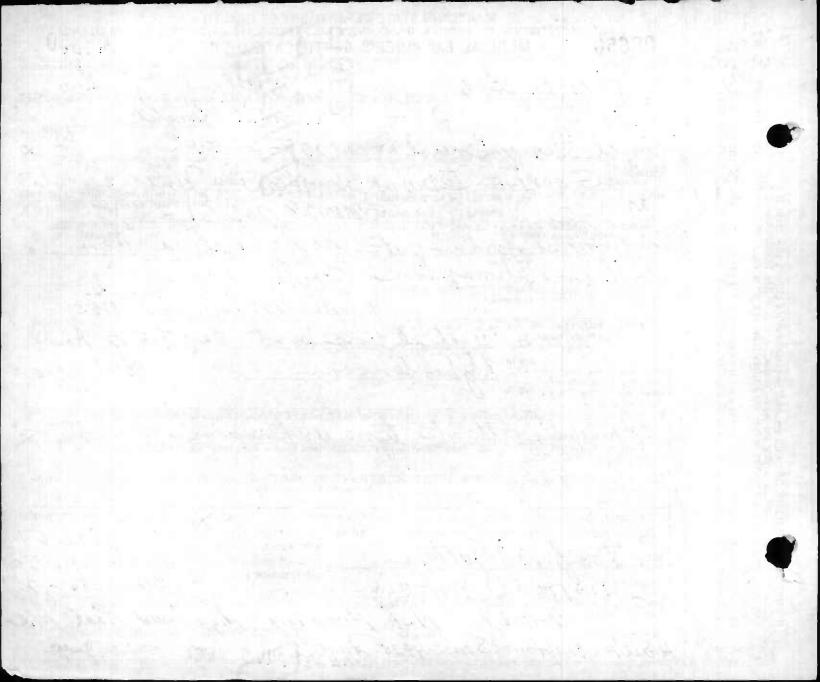
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OR 50 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH
COUNTY
D. CATY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest with the RURAL and give nearest county)

D. CATY OR TOWN (If outside corporate limits, write RURAL and give nearest county)

н	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)
1	7211112	a. STATE DATE DE COUNTY DE LA C
1	b. CATY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CJTY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
1	Write RURAL end gige nearest town) DOA	Fairmost Thicket
1	d. NAME OF HOSPITAL OR INSTITUTION (If not In nospital, give street address)	d. STREET ADDRESS
	Prince Han en House I Hook	INDE-GO THE ON A FARM?
-	3. NAME OF FWST Middle	YES NO.
	DECEASED	Lest 4. DATE Month Dey Yeer
1	5. SEX 6. COLOR OR RACE 7 MARDIES NEVER MARDIES	NOMPSO DEATH MILL 26 19 6 19 8. DATE OF BIRTH 19. AGE (In years LIFUNDER 1 YEAR) FUNDER 24 HRS.
1	1 MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. lest pirthday) Months Days Hours Min.
	WIDOWED DIVORCED	100/8 1706 (0) yrs.
١	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) //	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Hondymon Hordning 1te	North Carolina USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William thompson	Marlie down
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 1008 - Address
	(Yes, no, or unkown) (If yes give war or dates of service)	nella Cabo Fairmont HTS
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERYAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Predial Oc	Cedent Less That I ONSET AND DEATH
1	331X DUE TO 1/1	
1	Conditions, If eny, which \ (b) Alsher Hens	you sout 3 years
1	gave rise to immediate	
	underlying seven last	
	1 (6)	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. / EXPERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CO	O IIM Crown PERFORMED? YES NOVE
1	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nuture of injury in Part I or Part II of Item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TARES. (Enter nature of injury in fact of fact it of from 200)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	ZOC. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA facto work at work p.m. 19 et work at work	ry, street, office bldg., etc.)
1	p.m. 19 et work at work	
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy, Inspection, Inquiry, and in my opinion
1	death resulted from: Natural causes 🔀 Accident 🔲, Sui	cide [], Homicide [], Undetermined manner []
ı	A de l'Allatta	CHIEF MEDICAL EXAMINER
1	SIGNATURE OFFON O Walkens	_M.D. ASSISTANT MEDICAL EXAMINER 53 18 amakalis Pe
	EXAMINER'S TO SUCCESSION OF THE PARTY OF THE	DEPUTY MEDICAL EXAMINER A BOLLON
7	NAME (Type) LIFY TON UNDO NOT NOT	Address (direct, city, torn, or county)
	23a. EMPLAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (\$tate)
	1-1-61 /VAT, 17	BAMINY Highland lack Ma
	24. FUNERAL DIRECTOR ADDRESS	25% REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	HOWAS hington cons 4925 to	2 1967 (Charles Judge
-		VA NE



TO DEPUTY ME AI 5ME IE (5)

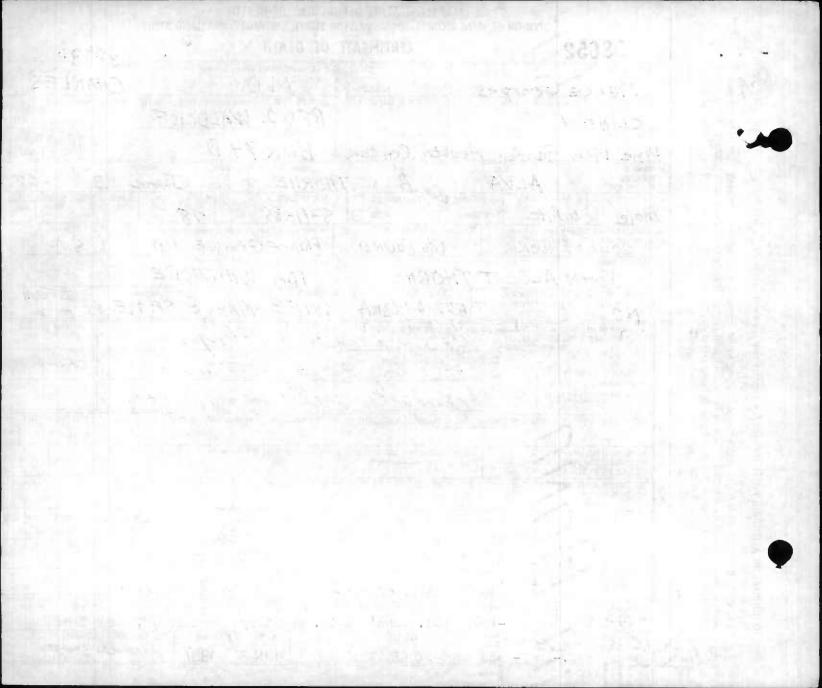
MARYLAND STATE DEPARTMENT OF HEALTH 08651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08651

1.	2. USUAL RESIDENCE (Where deceased lived, it institution; Residence before admission)
	MARYLAND MARYLAND PATELONIA DECOUNTY Sloves
	b. Of TY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
1	hereil the when morloor 16.1
	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM?
	Prince Georges General 25/6/2 vom SIRN VES NO
3.	NAME OF DECEASED X First Middle Lest 4. DATE Month Cay Year
_	(Type or print) / ARU HOMPSON DEATH / Come 25 196/
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Doys Hours Min.
_	WIDOWEO DIVORCEO FON 201911 06 yrs.
du	De. USUAL OCCUPATION (Give kind of work done in Ob. KINO OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	House wife Charles County, 111a.
13	3. FATHER'S NAME
-	Dernard Fortor Salogy Renec Proctor 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECRITY NO. 17. INFORMANT Address
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 2516 Boun, Station
=	James R. Thompson - upper Marlbon, Md.
	PART I DEATH WAS CAUSED BY. CONSET AND DEATH
	MMEDIATE CAUSE (0) CONTROL OF CON
	Conditions, If any, which) OUE TO I I A Middle Chebral anders to any
	geve rise to immediate
	underlying couse last. Conference all all all all all all all all all al
NO	The supplies the s
CAT	Hopersension YES NO [
TIFE	20a. EXTERNAL CAUSE WAS PRIMARY (7) or CONTRIBUTING CAUSE OF DEATH.
CER	CAUSE OF DEATH.
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, but while Not
MED	Hour e.m. p.m. 19 While Not While et work et work
1	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion
	death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner []
	ACTUAL CHIEF MEDICAL EXAMINER CONTROL DATE SIGNED
	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER 53 18 amopalis Ref.
	EXAMINER'S DAYTON ON ATICINS address (Street, city, town, or county Bladensbury hed
23	33. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
L	Durial hine 29/61 or Cathering rewally Charles to
2	Martell Adams aguas co, Md. DATE. 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	Martell adams aguas co, 101a. DATE 3 1967 Thomas
	(111) U

The state of the s THE PROPERTY OF THE Princes Horaca Human College and Page THEY FRANDSON June 25 29 1111 25 ME There were the second of the second second States bound when the fire the Reptund Ban Brewn Those Cinterburged Humanitana The for show aron - was the DAYFON O WATKINS

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	
-		08652 CERTIFICATE OF DEATH 08652	
deat deat		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY the Residence before admission o. STATE b. COUNTY the Residence before admission o. STATE	/
事る	-	PRINCE DEOFFES MARYLAND	
the safes		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
haurs		CLINTON KFUL WALDORF	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM	E
ithin filled is an paper within 72	10	Time View Garden Health Center BOX 99 U YES NO	
의 됐은].		NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) ALVA B. THORNE DEATH June 3 196	7
comple dave y ever		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	-
d col		male white widowed Divorced 8-11-88 78 yrs.	Min.
an an in o		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT	
ian ase ind		ing most of working life, even if retired RK INDUSTRY POUND PRINCE GEORGE, MD COUNTRY, A	
ica Isica I, a		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_
ertificate be exe physician and or nen please remo aval, and in any		JOHN ALBERT THORNE IDA WHITMORE	
en The	-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
requires that the death certificate be executed g physician. n signed by the attending physician and complete burial-transit permit. Then please remaye can a burial, crematian, or remayal, and in any event		as, no, or unknown) (If yes give war ar dates at service) 677-24-6316A WIFE-MARYE, SAME AS # 2	1
he at pe		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	
that than an. by the transit proceeds		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Callorasculor Callopal ONSET AND DEAT	Н
tha ian. by tran crer		4221 DUE TO 2 - 220	7
equires physicic signed burial-t		Conditions, if any, which gave) (b) aluendend Deblecomen t	/>-
eque signatura signatura phulipula p		rise to immediate couse (o), stating the underlying couse DUE TO	
tending tending as been as the priar ta		lost. (c) deabetes melilios + adienal !!	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	_
두 p 수 s モ	2	FERFORMED? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
IAN: The	2		
		OR CONTRIBUTING CAUSE OF DEATH	
YSIC aspita		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
S PHYS the has this cel detache e Dept.	3	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) (County) (Stot	e)
و ح خ خ ی		p.m. 19 of work of otwork	
After After be constant) last
		saw the deceased alive an 19-7, and that death accurred at 3.3. M, from causes and on the date stated al	oave.
P S S S S S S S S S S S S S S S S S S S		220. SIGNATURE DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED	
OR ATTEN be retained DIRECTOR: ge 3 shauld ed with the		lefeel tapen "M.D. ATTENDING DIRECTOR DIRECTOR PHYS.	
AL LD egge file		22c. PHYSICIAN'S 22d. ADDRESS	1 -
SPITAL 4 may VERAL I rar, pag Id be fil	-/	NAME (Type) UFILERBY & LAPINIO CUINTON NID	
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A directar, page 3 shauld shauld be filed with the		D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page of Pundirect		REMOVAL (Specify) June 6-1967 St. John's Epis. Cemetery Broadcreek, Maryland	
F F		ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
VR A15 (4) 25M 1/67		Immons Bros1661-Good Hope Rd SE Wash DC PARIN 5 1967 Achieves Jusque	
		THEORES DIOS, -1001-0000 HOPE MUSE WEST DO 1991 7	



ve corbain papers. Pages 1 and 2 event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ERTIFI	CATE	OF	DEATH

08654

PACE OF DEATH OCCOUNTY Prince Georges MARYLAND D. C. CUIVO RY (If outside comporate limits, write RURAL and give necessar town) Genn Dale (rural) 2 months C. CHYO R TOWN (If outside comporate limits, write RURAL and give necessar town) Genn Dale (rural) 4 NAME OF DALE (rural) 5 Mashington, D. C. 4 STREET ADDRESS Clen Dale Hospital NAME OF First Middle CLOST OR RACE STATE MINE MARYLAND N. C. COLOR OR RACE N. C. COLOR		08653	3		CEK	HEICAH	UF DEATH		O	000	BK.
A MARE OF POSTIAL OR INSTITUTION (If not in hospital, give street oddress) d. STRET ADDRESS d. G. COLOR, OR RACE 7. MARRIED Modele DIVORCED D	0	PLACE OF DEATH D. COUNTY	rince Georg				a. STATE	b. (COUNTY		
A MARE OF HOSPITAL OR INSTITUTION (If not in hospital), give street oddress) d. STRET ADDRESS d. STRET	b	CITY OR TOWN (I	f outside corporate limit	ts,	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If	autside carparate limits, write	RURAL and give	e nearest ta	wn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Clean Dale Hospital IL27 Md. Ave., N.E. On A FARM? First Middle Lost Tucker June 14. 19 67 First Month Day Yeser Tucker Tuc		Glenn Da	le (rural)		2 mon	ths	Washing	gton, D. C.		47.	3
Clenn Dale Hospital 1127 Md. Ave., N.E. YES NO	d				, give street address)				e 15	RESIDENCE
MARK OF DECEASED Hobert Middle Lost 4. DATE Month Day Year DECEASED Tucker Tucker Tucker Tucker Tucker SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ACE (In years IF UNDER YEAR IF UNDER 24 HES.)		Glenn	Dale Hospi	ital			1127 Md.	Ave., N.E.			
SEX M. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 97. AGE In years. In JUNE REAL HEX. DISTORTING Works and serving most of working tile, even if relieved years in June 19. DIVORCED 19. 26/1892 9. AGE In years. In June 19. Months Distorting Working tile, even if relieved years in June 19. DIVORCED 19. PLANT Technology yes. While the property of the	0	DECEASED			Middle		Last	4. DATE OF			
M N WIDOWED DIVORCED 9/26/1892 104 yrs. Months Day of Bournary 1 100 Name of Business or INDUSTRY UNKNOWN Tent. 3. FAITHER NAME Henry Tucker Is COUNTRY UNKNOWN 1 1.4. MOTHER'S MADEN NAME Rebecca McCoy 1.4. MOTHER'S MADEN NAME Rebecca McCoy 1.6. SOCIAL SECURITY NO. 21. INFORMANT Address 1.6. SOCIAL SECURITY NO. 21. INFORMANT Address 1.7. INFORMANT Address 1.8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 1.9. DUE TO Conditions, if any, which gave its to immediate couse (a). Stating the underlying couse (b). Stating the underlying couse (b). Stating the underlying couse (b). Stating the underlying Cause (c). Stating the underlying Cause (b). Stating the underlying Cause (c). Stating the underlying Cause (d). Stating	_				NEVER MA			9. AGE (In year	s IF UNDER	1 YEAR IF	UNDER 24 HRS.
10. SIAND OCCUPATION (Give kind of work done pindustry) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. MOTHERS MADLEN NAME 14. MOTHERS NAME 14. MOTHERS MADLEN NAME 15. MOTHERS MADLEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 16. MOTHER MADLEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER MADLEN NAME 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER MADLEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER MADLEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER MADLEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER MADLEN NAME 16. MOTHER MADLEN NAME 16. MOTHER MADLE		M	N			ORCED 🔲	9/26/1892		, ,	Days H	ours Min.
14. MOTHER'S MANDEN NAME 14. MOTHER'S MANDEN NAME Rebecca McCoy 15. MAS DECESSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DUE TO Conditions, if any, which gave 19. DUE TO DUE TO DUE TO DUE TO DUE TO Stating the underlying cause (c) Stating the underlying cause (c) DUE TO		ng mast of working l	life, even if retired)		INDUSTRY			ty & State, or fareign country)	CO	UNTRY?	TAF
Rebecca McCoy State Name	13.				UHKHO	WEL		N NAME	1 03	A	
The contribution of the part Contribution of			Tucker								
Reference Part Cause of Death (Enter only one cause per line for (a), (b), and (c).) Part Death Was Caused BY: Pulmonary tuberculosis Due to Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Due to Conditions of the underlying cause rise to immediate cause (a), stating the underlying cause rise to immediate cause (b) Part II. Other significant conditions contributing to Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant conditions contributing to Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant conditions contributing to Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant conditions contributing to Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant consists of Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant cause of Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant cause of Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant Cause of Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant Cause of Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant Cause of Death But not related to the Terminal Disease condition Given in Part I (a) Part II. Other significant Cause of Death But not related to the Terminal Disease Condition Given in Part I (a) Part II. Other significant Cause of Death But not related to the Terminal Disease Condition Given in Part I (a) Part II. Other significant Cause of Death But not related to the Terminal Disease Condition Given in Part I (a) Part II. Other significant Cause of Death B	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	10	6. SOCIAL SECURITY I	NO. 17.	INFORMANT	A	ddress		
B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART II. DEATH WAS CAUSE OB: DUE TO Conditions, if any, which gove isse to immediate cause (a), stoting the underlying cause lost. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONTRIBUTION GOVERNMENT IN PART I(a) PART III. OTHER SIGNIFICANT III. OTHER SIGNIFIC	(Yes	Contract of the Contract of th	(If yes give wor or dotes		214-19-02	66	Decedent				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PREFORMED? PERFORMED?			ATH (Enter only one on				Decedent	FINE PARTY		INTERV	AL BETWEEN
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTHER DIFFERENCE) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER DIFFERENCE) 201. TIME OF INJURY Month, Day, Year Hour and the part of the p			'H WAS CAUSED BY:	P117			losis			_ ONSET	AND DEATH
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURSED OR DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 200. TIME OF INJURY Month, Day, Year Hour Jam. 19		8 1 2	/	(0)						177	I IIIO .
DUE TO Country State Country		6									
stating the underlying cause lost. Column C			(0) 02000	. /							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WES AUTOPSY PERFORMED? 10. CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour Jam. 19. WAS AUTOPSY PERFORMED? 19. WES AUTOPSY PERFORMED? 10. COUNTRIBUTING IN PART 1(a) 10. COUNTRIBUTING INPUT IN PART 1(a) 11. COUNTRIBUTING INPUT IN PART 1(a) 11. COUNTRIBUTING INPUT IN PART 1(a) 120. ACCIDENT WAS UNDERLYING 120. ACCIDENT WAS UNDERLYING 120. COUNTRIBUTING INPUT IN PART 1(a) 120. COUNTRIBUTION INPUT INPUT I		stating the under								1830	
PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item IB.) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark of factory, street, office bldg., etc.) 21. I certify that (K (this haspital) attended the deceased fram 4/17/, 1967 to 6/14/67, that XI) (we) lass saw the deceased alive an 6/14/1967, and that death accurred at 0:0044 from causes and an the date stated above a company of the phys. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. BURIAL CREMATION, REPORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item IB.) (County) (State) 4/17/, 1967 to 6/14/67, that XI) (we) last saw the deceased alive an 6/14/1967, and that death accurred at 0:0044 from causes and an the date stated above at 10:0044			,							1.0.00	- 4118- 5414
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at	Š	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WA	RFORMED?
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at	3									YES [NO 🔀
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at	CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b.	DESCRIBE HOW INJU	RY OCCURRED.	(Enter nature of injury i	n Part I ar Part II of item 18	.)		
21. I certify that (X (this haspital) attended the deceased fram 4/17/, 1967, ta 6/14/67, that XI) (we) lass saw the deceased alive an 6/14/19/67, and that death accurred at 0:004M fram causes and an the date stated abave 22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. C 6/14/67 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 3a (BURIAL CREMATION, REPORT NAME) County) (Stote) REPORT NAME (Sperify) 6/21/1967 County) (Stote) Landover, Maryland					WHITE OCCUPANT	1 50 51	or or hullby (ii	001 (6)	1 (6		(5)
21. I certify that (X (this haspital) attended the deceased fram 4/17/, 1967, ta 6/14/67, that XI) (we) lass saw the deceased alive an 6/14/19/67, and that death accurred at 0:004M fram causes and an the date stated abave 22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. C 6/14/67 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 3a (BURIAL CREMATION, REPORT NAME) County) (Stote) REPORT NAME (Sperify) 6/21/1967 County) (Stote) Landover, Maryland	MEDICAL	20c. TIME OF INJU Haur 'a.m	n.						1) ((0	untyj	(State)
saw the deceased alive an 6/14/ 19 67, and that death accurred at 0:00 M fram causes and an the date stated abave 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED	٤			at w	ark at wark				4		
22a. SIGNATURE M.D. ATTENDING DIRECTOR STAFF DIRECTOR PHYS. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. BURIAL CREMATION, RENSYAL (Sperity) 23b. DATE THEREOF DATE MED. DIRECTOR PHYS. DATE SIGNED 6/14/67 22d. ADDRESS Glenn Date Hospital, Glenn Date, Md. 23c. NAME OF CEMETERY OR CREMATORY Landover, Maryland County) (Stote) Landover, Maryland					ended the decea	sed fram_	4/ 17/,	1967 to	6/14/%	7 , that:	X) (we) la:
22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. 22d. ADDRESS Moe Weiss, M.D. BURIAL CREMATION, REMOVAL (Sperity) Moe Weiss, M.D. 23c. NAME OF CEMETERY OR CREMATORY Landover, Maryland County) County			ceased alive an_	6/1	4/19.67	, and the	at death accurred o	The to the tram caus			tated abave
NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 30 (BURIAL CREMATION, REMSYLL (Sperity)) 6/21/1967 Accounty) County) County Cou		22a. SIGNATURE	lure	Wh	n	M	.D. PHYS.	MED. STAFF PHYS.			
Harmony Landover, Maryland			Moe We	eiss,	M.D.			le Hospital,	Glenn	Dale,	Md.
	23a.	BURIAL CREMATIC								, ,,	(Stote)
	24.	FUNERAL DIRECTO	R		ADDRESS	1.	10 250. RE				usgr

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fiderator, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after the control of the Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

AND IN MARKET

					96000
				30-20-1 3	outin
	.0 .6: .60:	We shire	_ intriess 1	(fores)	bid Him
	Ave., N.K.	1127 86.			ind prette
Vo		J 10 511	4	Janooli	
	47.22	,031/45/			
		.augu	resounts;		[102_162]
	val	Rebrecca Net		101	Danty Tuc
		Jackesel		214-	0.5
		*Zell	A SWATTER WAS	2 . 7	
official to the	14500 0	171 17/		1414	
4/14/67				- 2 San	
"Lenn Dain, Md.	. Insugant a	diene bel		did granty con	
Englys (*	velocal.		graversii	3401/27/3	1.2
11 14 673	10th 10-111	Name of	2 Just	F1 - 4.0	

MARYLAND STATE DEPARTMENT OF HEALTH

		RESEARCH AND RECORDS, 301	W. PRESION SIREET, BALT	IMUKE, MAKTLAND 212	201
	08654	CERTIFICATE	OF DEATH		08655
	PLACE OF DEATH O. COUNTY PRINCE G	EORGESMARYLAND	2. USUAL RESIDENCE (Where deced o. STATE Maryland		Georges
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpare Mornings	ate limits, write RURAL and give	6.1
1	d. NAME OF HOSPITAL OR INSTITUTION (IF not in ho	ospital, give street address) LURSING HOME	d. STREET ADDRESS 508 Maple Ro	ad	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) TSABELLA	Middle V.	LOST 4. DATE OF DEATH		Doy Year 21 1967
S.	jun , 1	DOWED DIVORCED	1/22/18/19	9. AGE (1/2 years last birthdoy) Months / O yrs.	Doys Hours Min.
10a dur	. USUAL OCCUPATION (Give kind of work done ing mast of warking life, even if retired) HOUSE WIFE	ALUSTRY ONE	11. BIRTHPLACE (County & State, or for Scotland	oreign/ountry) 12. (1)	TIZEN OF WHAT PUNTRY? USA
13.	Samuel J. Maddox	ζ	14. MOTHER'S MAIDEN NAME Mary Verno	n	
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no prunknown) (If yes give war or dotes of servi		nformant nuel J. Tuttle	, Jr. Same	as #2
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).) Czrd126 F	ailuve		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove inse to immediate cause (a),	Arterioscler	ot ic Ht. Des	rease	25 years
	stating the underlying couse (c)	Arteriosdeve	esis Generali	ized	30 years
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	due to Kid		· ·	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Pa	rt II af item 1B.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Haur a.m. 19		E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	(City or town) (Co	unty) (State)
	21. I certify that (I) (this hospital) saw the deceased olive on	attended the deceased fram 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	deorn occurred of 1965	to Tune 2/, 199 M, from couses and on t	≤ 7, thot (I) (we) last he date stoted obove
	Walcut W.	Libson M.C	1111101		ATE SIGNED 12 22/1967
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and intermedevint, within 72 hours after deet Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

remove carban papers. Pages 1 and 2 intermeter within 72 hours after death.

23a. BURIAL, CREMATION, REMOVAL (Specify) BULIAL 24.

FUNERAL DIRECTOR Lees

23b. DATE THEREOF 6/24/67 Sons, 300 4th ST, NE, Wash. DC

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Suitland

(Caunty) (State) Maryland

1967 250. REC'D BY REGISTRAR DATE JUN 26

23d. LOCATION (City or Town)

	Brasic and synthetiss.	26380
5		
	The state of the s	and a social
	THE AN EXCHANGE THE STATE OF TH	. La Laching So.
Manager .	The state of the s	
	The second secon	
		THE STATE OF
		Canera de la
	and the same managed light and a second	
	A CARLO CONTRACTOR OF THE CARL	4 5508

FOR STATE! HEALTH DEPT necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08655	MED	ICAL EXAMINER'S	S CERTIFICATE C	OF DEATH	08656
I. PLACE OF DEATH					rtion: Residence before odmission)
o. COUNTY Prince (-eonge	MARYLAND	o. STATE Md.	b. (0)	uce George
b. CITY OR TOWN (If outside corpor		c. LENGTH OF STAY IN 1b		utside corporate limits, write RI	
write RURAL and give nearest to	nwn)				16.1
Cheverly		DOA	d. STREET ADDRESS	dywine	TO THE IS PESIDENCE
d. NAME OF HOSPITAL OR INSTITUTI		,			Le Trlr Qte IS RESIDENCE
Prince George	General H		Lot 8, 8th		YES NO S
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Moi	
(Type or print)	Budd	E.	Wadding	DEATH 6-	-2-67
S. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
M W	WIDOWED	DIVORCED	5 June 1966		11 26
IOo. USUAL OCCUPATION (Give kind of w		IND OF BUSINESS OR	11. BIRTHPLACE (State		12 CITIZEN OF WHAT
during most of working life, even if retire	ed) II	NDUSTRY	Pr. Geo	. Co., Marylan	ad COUNTRY 2.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	10 40		Carol G	inton	
James W. Waddi 15. WAS DECEASED EVER IN U.S. ARMED		SOCIAL SECURITY NO. 17	INFORMANT		ress
(Yes, no, or unknown) (If yes give wor				ding - SAME AS	
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT COND	DUE TO (b) DUE TO (c) DITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	T T	rapped in bur	ning house t	railor.	
20c. TIME OF INJURY Month, Doy Hour o.m. 11:55m.pm 6-1	Yeor 20d.	INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, far factory, street, office bldg., etc Home	m, 20f. (City or town)	(County) (State)
21. I certify that I took death resulted from:	charge of the re Natural couses [moins described obove,	uicide 🔲, Homicide	e, Undetermined	
ACTUAL SIGNATURE	1 10 X	obot	CHIEF MEDICA ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
	hn Kehoe,	M.D., Riverda	DEPUTY MEDIC	CAL EXAMINER (X) et, city, town, or county)	6-3-67
	DATE THEREOF	23c. NAME OF CEMETERY (OR CREMATORY	23d LOCATION (City or 1	Town) (County) (Stote)
Burial (6-6-67	Oakland Cem	etery	Indiana Cour	nty, Pa.
Gasch s 4739 Ba	ltiemred ^{Av}	ADDRESS		D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE

VR A15ME (5)

6-

479

Health prior to buriol, cremotion, or removol, and in any event within 72 hours ofter death.

alternation and the second as the second as

30 Dhm' 1

and the state of t

MARKET HE SELECTION

meth considera

2 - of cone - malbon, optomb

The state of the s

Professional political property in the 1982

the state of the s

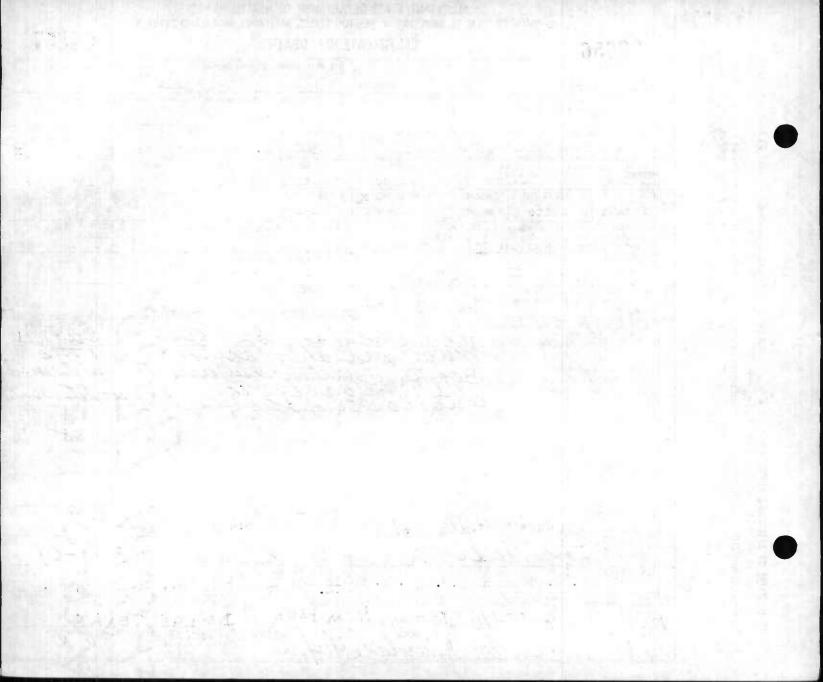
AND COMPANY TO A STATE OF THE PARTY OF THE P CONTRACTOR OF THE PARTY OF THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thomas	27	Tr.: 7	AIDIOIA OL	VIIIAL KELUKUS,	301 W.	LKESION	DIKE	EI, DALII
Trem	ZT.	LITH	990	0/2//0/	Imt-	CATE	0 F	DE 4 TII
08	55	C		6/27/67	CERIIF	ICAIL	0F	DEATH
12 ()	1 4 7							

08657

1. PLACE OF DEATH					2. USUAL RESIDENCE ((Where dece			ce befare odm	nissian)
o. COUNTY			444 03		o. STATE		b. COL	JNTY		/
Prince Ge	orge			YLAND	Maryland		KKAR			
B. City Ok TOWN (I	f autside carparate limit	s,	c. LENGTH OF STAY I	N Ib	c. CITY OR TOWN (If a	utside corpa	rate limits, write Rl	JRAL ond give	neorest tow	n)
Riverdare	give nearest town,				Baltimor	e.			.30	114
d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, o	give street address)		d. STREET ADDRESS					RESIDENCE
	land Memor					77 .			ON	A FARM?
	rand Memor	Lai nos	pricar		200 A E.	Univ	ersity P	arkway	YES	NO X
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mor	nth	Day	Year
DECEASED (Type or print)	Effi	ie	Eunice	2	Watson	OF DEAT	н 6		74	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	N KI	. DATE OF BIRTH	DEAT	9. AGE (In years	IF UNDER	and the state of t	NDER 24 HRS.
female	white			5-1	WINDS AND THE RESERVE		last birthday)	Manths	Days Hai	urs Min.
		WIDOWED	DIVORCED	, []	1-6-03		64 yrs.			
	(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	/ & State, art	fareign country)		IZEN OF WHA	ιT
during most of working Secreta		Street of the second	DUSTRY JEWE	LRV1	CTexas				UNTRY?	
13. FATHER'S NAME	- J HELIN	DYTHE	AIVI OI-MI		14. MOTHER'S MAIDEN	NAME		IIISA		
To rank of the same	+	111			14. MOTTER S MAIDER	i				
L EPHI	AM. F	. VVI	AISON		LULA	DEA	Y N			
	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress		
(Yes, na, ar unknown)	(If yes give wor or dotes o	of service)	5607664	2		1. 7	70 3			
/٧ 0				JFF	iend and Me	dical	Records		1	
18. CAUSE OF DE	ATH (Enter anly one cau H WAS CAUSED BY:	ise per line to	(o), (b), and (c).)		1. 21	1	1.7.3		ONSET AN	REIMENN
FART I. DEAT	IMMEDIATE CAUSE	(0)	enn	Cu	lac. Two	,uu	wor		sua	iceu
H201	DUE	TO M	Unna	11	cal Ind	RIC	LON	,	120	4
Canditians, if ony,	which gove)	(b) O	1 tail	7	14		1110	19/	uloti.	MULL
rise ta immediat	e cause (a), DUE		March 10	top	encourse	en	une i	0	race i	7,1000
stating the under	lying cause	-6	Hell or	160	seleo	261	. 11	1 , 710	1.7.1	Mund
last.	,	(c) <u>Cor</u>	lesio.	11	prote	1 1/1	ASTO	1csan	acce.	7,5-40-2
PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(o)		19. WAS	
2			The state of the s							ORMED?
OR CONTRIBUTING		T and a s							YES	NO [
E 20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OF	CCURRED.	Enter noture of injury in	Port I or Po	ort II of item IB.)			
I THE CHIEF MULIET	MEDICAL EXAMINER)									
	IRY Month, Doy, Yeor	20d. II	NJURY OCCURRED	20e. PLAG	E OF INJURY (Home, form	m. 20f.	(City or town)	(Cou	inty)	(Stote)
Haur a.n	٦.	While			ory, street, office bldg., etc.		((/
p.n		ot wor			1,					
21. I certif	y that (1) (this has	pital) attend	ded the deceased	fram			ta 6-14	, 19	67, that (I) (we) last
saw the de	ceased, alive ba_	muay/	14. 1967,	and that	death accurred at	3:45	M, from causes	and an th	ne date sta	ited above.
220. SIGNATURE	Juni	21 de	1			/			ATE SIGNED	
0	-W/1	1/11/	111	M.D	ATTENDING	MED.	STAFF C	7/6-	-15-1	11
DINCIGLANIC	\ //	- ac		M.L	PHYS. 22d. ADDRESS	DIRECTOR	LJ PHYS. L		7	0
22c. PHYSICIAN'S NAME (Type)	C. J. Hour	M erec	TY & T. 101	Ma 7	in lali Oli O	3	72.3		7	
Torsine (17po)	O. O. HOUR	lattit, Fi	.D. & II. W.	M	in 4404 Que	ensbu:	ry Ra., I	Riverd	ale, M	d.
23o. BURIAL, CREMATIC	N, 23b. DATE TH	EREOF .	23c. NAME OF CEME	ETERY OR	REMATORY	23d. I	LOCATION (City or T	own)	(County)	(Stote)
REMOVAL (Specify		1917	RESTLAND					marrie 1	1 0	()
DUMA	- 10-17	-1110/		111/		1 4	ALLAS	EX	ALS	
24. FUNERAL DIRECTO		0.	ADDRESS		M 250 BEC	A BY MAGIS	1186/ 25b/L	HEGISTRAK'S S	GNALUKE	1
W.W.C	rambers.	(00. (Tuverda	Re!	1119 DATE				0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon we person pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 yours after dealth Page 4 moy be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08658 CERTIFICATE OF DEATH

. 2 .		08657	CERTIFICATE	OF DEATH		vonao
that the death certificate be executed within 24 hours after death on. by the attending physicion out or property filled in by the funeral transit permit. Then please remove carbon papers. Pages A and cremotion, or removal, and in entry of ent, within 72 hours after death cremotion, or removal, and in entry of entry of the contraction.		PLACE OF DEATH O. COUNTY, PRINCE GEOBBE (b. CITY OR TOWN (If outside corporate limits.)	C. LENGTH OF STAY IN 16	o. STATE MARYLA	re deceosed lived, if institution: Residution b. COUNTY D. M. R. L. R.	ORO Pr Ma
n 24 hours illed in by t popers. Paj nin 72 hours	-	write RURAL and give nearest town) RURAL d. NAME OF HOSPITAL OR INSTITUTION (If nat in h		d. STREET ADDRESS	RURAL	e. IS RESIDENCE ON A FARM?
ed within 24 letely filled garbon pope ent, within 72	3.	NAME OF DECEASED (Type or print) LOLA	SINGHOME Middle WELLS	Lost 4.	DATE Month OF DEATH JUNE	Doy Year
executed from the move of the		7	ARRIED NEVER MARRIED 8 DOWED DIVORCED	DATE OF BIRTH 1 - 23 - 1879	last birthday) Manth	DER 1 YEAR IF UNDER 24 HRS.
physicion or en pleose ovol, and in	dur	ing most of working life, even if retired) FATHER'S NAME	INDUSTRY ONE	11. BIRTHPLACE (County & St MARL BORO 14. MOTHER'S MAIDEN NAM	MARYLAND Z	COUNTRY?
attending phy permit. Then ion, or removo	15. (Ye	PUMPHERY WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dotes at servi		REDN	NILES (SO Address	rah)
s that the death tion. I by the attendi -tronsit permit. , cremotion, or r.	-	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c)	of accid	REULL ang	INTERVAL BETWEEN ONSET AND DEATH
w requires th ding physicion een signed by the buriol-tro ir to buriol, cre		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause (c)	Civteriorderatie	carehovne	unlas olicease	15 ys.
IAN: The lo ol or otten icate has b for use os Heolth prio	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	AL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I			
by the hospi the this certifier this certifier be detoched State Dept. o	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19	While at work facta	E OF INJURY (Home, farm, ry, street, office bldg., etc.)		(County) (State)
ATTEND stoined to the Should to Should to Sith the S		21. I certify that (1) (this haspital saw the deceased alive on 220. SIGNATURE	19 7, and that	death accurred at 3	M, fram causes and ar	9 7, that (I) (we) last the date stated above DATE SIGNED
be reported by the part of the		22c. PHYSICIAN'S NAME (Type) R. D. BALL.	er M.D. MD	ATTENDING DIR DIR	D. STAFF D LECTOR D PHYS. D	Croselihe in
O FUNERAL I	230	BURIAL EREMATION, 23b., DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	10.11	23d. LOCATION (City or Town)	(Caunty) (State)
VR A15 (4)	24	4. FUNERAL DIRECTOR 131-112	ADDRESS ADDRESS	25a. REC'D BY	4	S'SIGNATURE

. 3.4412 3907. Janes Vines

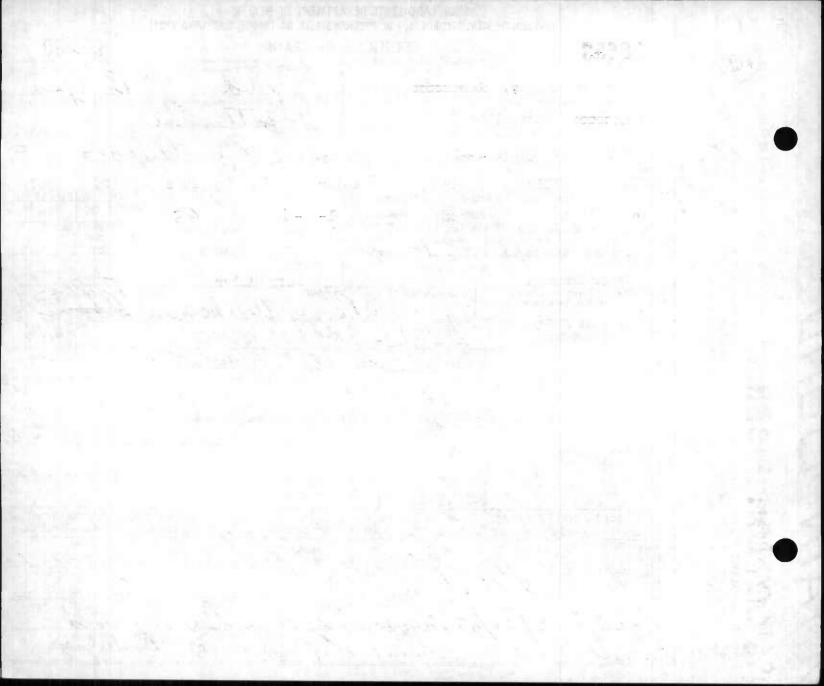
0865	8		CERTIFICAT	E OF DEATH		08659
PLACE OF DEATH a. COUNTY	Prince (eorge	MARYLAND	g. STATE	Where deceased lived, if institution b. COL	Union: Residence before admission) UNTY Prince Geo.
b. CITY OR TOWN write RURAL or	(If autside corporate limits id give nearest town) SEVIIIE	,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparote limits, write RI	URAL ond give nearest town)
	TAL OR INSTITUTION (IF NO ENTOWN ROAD		, give street address)	d. STREET ADDRESS 4711 A1	lentown Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fii Eug	st gene	Middle Clark West	Last	4. DATE Mor OF J DEATH	une 8, 19 67
Male	6. COLOR OR RACE White	7. MARRIE		8. DATE OF BIRTH Jan. 18,1	9. AGE (In years last birthday) 10 yrs.	IF UNDER 1 YEAR IF UNDER 24 H Manths Days Haurs Min
Oa. USUAL OCCUPATIO luring most of working	N (Give kind of wark dane glife, even if retired) SC (100 L	10b.	KIND OF BUSINESS OR INDUSTRY Chool		8 State, ar foreign country) D . C .	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Marion I			14. MOTHER'S MAIDEN Myrt		
15. WAS DECEASED EV (Yes, ng. or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates o			INFORMANT arion E. Wes	t 4711 Allen	ress toen Rd.
18. CAUSE OF E	EATH (Enter only one country was CAUSED BY:		0(0), (b), ond (c).) (INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on rise to immedia stating the und last.	DUE y, which gove te cause (0),	10 lu	gelozensus.	haveyt ?	- Leukome	a Gallay
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II af item 18.)	
Hour a	URY Manth, Day, Year m. 19	20d. Wh	ile Nat While fa	ACE OF INJURY (Hame, farr ctary, street, office bldg., etc.		(County) (State
	ify that (1) (this has leceased alive an	ottal) atte	nded the deceased fram	at death accurred at	ta 6 - Y M, fram causes	and an the date stated abo
220 SIGNATURE	4/2 dust	min	~ lug m	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	20. SATE SIGNED
NAME (Type	J. Philly		hardry (us)	22d. ADDRESS 29241	ichels AZSE	\$Z
23a. BURIAL, (REMATI REMOVAL (Specif	June		23c. NAME OF CEMETERY OF Epiphany C		23d. LOCATION (City or I Forestvill	
24. FUNERAL DIRECT	E. Wilhelm I	un. E	Iome 43081Suit1	and Rd 250 REC	1 4 1967 2Sb	REGISTRAR'S SIGNATURE

Tage 4 may be retained by the hispital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death? O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

(NA).		0865	3		CERTIFI	CATE OF	DEATH		086	60
funera 1 and er deon	1.	PLACE OF DEATH o. COUNTY Prin	ce Georges	, Riceard	MARYL	a.	STATE (W		institution: Residence before of b. COUNTY	dinission)
in 24 hours after illed in by the forgapers. Pages in 22 hours after		D I III Y I IK I I I IVY I I	it outside corporate limit: give neatest town)	s, C. L	ENGTH OF STAY IN	c. CI	TY OR TOWN (If our	side corporote limits, w	rite RURAL and give nearest to	16-1
d in ders.			AL OR INSTITUTION (If no		treet oddress)	d. S1	REET ADDRESS	1)	01 , 12%	S RESIDENCE ON A FARM?
filled thin 24	3	MAME OF	ueens Chape		Middle	16	107 G	Luceus (Month Doy	Year
with with cooperately in with		DECEASED (Type or print)	Nellie	Mae		Wheeler		OF DEATH June		1967
e executed with and campletely remove carbon any event, with a	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		E OF BIRTH	9. AGE (In y	eors IF UNDER YEAR IF	UNDER 24 HRS.
and careman		fe	W	WIDOWED 🔀	DIVORCED		14-04	6.3	yrs.	
ertificate be physician an nen please re iaval, and in	10o duri	ing most of working	(Give kind of work done life, even if retired)	10b. KIND OI INDUSTR	BUSINESS OR	ااا.٤	,	Stote, or foreign country Lrginia	12. CITIZEN OF W COUNTRY? USA	HAT
hysica n ple n/ol, c	13.	FATHER'S NAME	/			14. /	MOTHER'S MAIDEN N	AME		
cert Ther may	16		Sherman	T 1/ coch	L SECURITY NO.	17. INFORM	Lucy M	iller	Address Fried	6
he death cer attending p permit. The ian, ar rema	(Ye	is, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o			Rea	gy le	elhers	zu-	mil
aquires that the physician. signed by the burial-transit i burial, cremati		PART I. DEAT 43 Canditians, if any,		(o)	adds	ns S	topiz.	arrest.	INTERV SONSET SULCE 2 4	AND DEATH.
		rise to immediat stating the unde lost.			erle	LUS	Sclero	ses Alex	Meron	termin
AN: The law real or attending icate has been for use as the Health priar ta	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	1(o) 19. WA PEI YES	AS AUTOPSY RFORMED? NO
D ta ta p to	L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OC	CURRED. (Enter r	nature of injury in F	ort I or Port II af item	IB.)	
DING PHYSIC by the haspi tfer this certi be detached State Dept. a	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. INJURY While of work	OCCURRED Not While of work		NJURY (Home, form, eet, office bldg., etc.)	20f. (City or to	own) (Caunty)	(Stote)
			fy that (I) (this has eceased alive an_	pital) attended t	the deceased f	ram_ <i>OC</i> nd that deat		120M, tram ca	1425, 196 that suses and an the date s	(1) (we) las
HOSPITAL OR ATTENI Ige 4 may be retained FUNERAL DIRECTOR: A rector, page 3 shauld hauld be filed with the		22o. SIGNATURE	RW 9	MAX	un			MED. STAFF		-/67
PITAL OR moy be (RAL DIR r, page (be filed)		22c. PHYSICIAN'S NAME (Type)	LM	MAL	INI	W. D.	22d. ADDRESS			
ro Hospita Page 4 moy ro Funeral director, po	230	BUDIAL, CREMATIC		EREOF 23	c. NAME OF CEMET	TERY OR CREMAT	TORY Then	23d. LOCATION (City	y or Town) (County)	(Stote)
VR A15 (4) 25M 1/67	24	FUNERAL DIRECTO	- 1	doon a	ADDRESS	me	25a. REC'D	BY REGISTRAR 3 1967	25b. REGISTRAR'S SIGNATURE	ge



MADVIAND CTATE DEDADTMENT OF HEALTH

DI

	MAKILAN	DAIL	E DELLAM	TIMEIAI	OL UEWFIL	2014	
VISION OF VITA	L RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08661

				0	5
-	n n	C	T	TI	Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
F	UK	3	16	AII	
HE/	AL	H	L	H	4
.s	0	0		4	1
20	3	Pac	1	E	1
e	ри	3	-	m e	
>	0	M		tuc	
5	2	_		ep	
+	S	DIT		0	
th.	ge	-		to	
ed	9	=		e S	
7	8	5		=	
ffe	9	00		三	
0	00	0		3	Ť.
DO	E	fice		P	Sec.
h	te	0	1	0	E
24	=	-2	d.	0	3
=	≔	ine		go	S
i =	Den	am		9	DO
>	_	EX		正	2 h
tec	=_	0		ij.	7
ecu	.E	edi		ern	T.
ex	end	Z		t p	3
pe	d	ief		ISI	ent
P	2	5		-10	è
0.0	8	he		101	'n
S	Je	0		Pu	0
ote	7	P		Ď	- P
fice	in	rde		as	0
ET.	YT.	80		ed	-0
00	2	Por		US	0
-E	ate	9		be	em
	ij	10		20	7
ER	P	700	S	hol	,
Z	9	Sh	三	35	tion
AM	=	4	JUL	ge	ma
EX	ute	obc	X	Pa	CTE
-	xec	9	5	S.	al,
5	0	To	pa	5	U.
3	0.56	rec	din	R	0
Z	ple	P	5 may be retained for yaur files.	0	1
T	>	PLO	90	MA	Dric
1	SOF	une	V	ER	4
DE	ces	9	ma	FU	10
0	ne	£	5	0	He
-				-	

VR A15ME (5) 6M 1/67

	PLACE OF DEATH o. COUNTY				2. USUAL RESIDE	,	b. cot		g before dulins	
	h CITY OR TOWN (ince George f autside carparate limits,	S	MARYLAI	ND Distri	ct of Co	olumbia ate limits, write RU	IRAL and give	negrest tawn)	
	write RURAL and	give nearest tawn)	Wild Co					J	117.2	
-	Cheverly	AL OR INSTITUTION (If nat	in hasnital ai	DOA	Washin	gron			e. IS RE	SIDENCE
					#3 U Str		ΛĪ			FARM?
	rince Ge	orge Genera		Middle	Last	4. DATE	Man	oth		Year
	DECEASED (Type or print)	Leona	rd	н.	White, J	OF	,		4 1	9 67
S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	lost birthday)		YEAR IF UND Days Hour	
	nale	Negro	WIDOWED		7-1-1931		32 yrs.			
duri	ing most of working	(Give kind af work dane lite, even if retired) Driver	IND	ND OF BUSINESS OR DUSTRY Vate Indus		(State or fareign of gton, D. IDEN NAME		COU	ZEN OF WHAT NTRY? 'es	
	Leonar	d H. White			Eleano	r D. Gre	en			
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of	service) 16. S	OCIAL SECURITY NO.	17. INFORMANT		Addı			
	No				Mrs. Arnita	G. Whit	e, Wife-	#3 You		
	1B. CAUSE OF D PART I. DEA	EATH (Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Left	hemothorax	chat stand	of thoma	oio nont	n and	ONSET AND	D DEATH
CATION	Conditions, if ony nise to immedial stoting the under last. PART II. OTHER S	IH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T , which gave e cause (a), Ifying cause GNIFICANT CONDITIONS CO	Left Perfo Perfo Penet	hemothorax rating gun upper lobe rating gun	shot wound of lung. shot wound of lung.	of chest	• EN IN PART 1(a)	a and	ONSET AND	UTOPSY RMED?
MEDICAL CERTIFICATION	Conditions, if ony rise to immedial stoting the undelast. PART II. OTHER S 20a. EXTERNAL CONTRIBUTION OF DEATH. 20c. TIME OF IMAGE OF DEATH. 40c. TIME OF TIME OF DEATH. 40c. TIME OF TIME OF DEATH. 40c. TIME OF TIME O	IH WAS CAUSED BY: IMMEDIATE CAUSE (c), which gave e cause (a), Ifying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Month, Day, Year n. 19 y that I took charge	Deft OPERFORM PERFORM	hemothorax rating gun upper lobe rating gun O DEATH BUT NOT RELATION CORRED OCCURRED 20 DIVEY OCCURRED 20 ON ON While at work 20 On oins described about	shot wound of lung. shot wound of lung. shot wound of lung. ED TO THE TERMINAL DISEAU URRED. (Enter noture of injulant. De. PLACE OF INJURY (Hammadatary, street, affice bld, soo. Palmer Hove, held an Autopsy Suicide, Hammadatary, Hammad	of chest SE CONDITION GIVE Dry in Port I or Port p, farm, 20f. g, etc.) ighway, lisphway, licide X, U	en IN PART 1(a) If II of item 18.) (City ar tawn) 3-5 ft. ian x, Indindetermined recognized in the second control of the second	(Caur	19. WAS AI PERFOI	UTOPSY RMED? NO [(State)
MEDICAL CERTIFICATION	PART I. DEA (Solutions, if ony rise to immedial storing the undelast. PART II. OTHER S 20a. EXTERNAL C. PRIMARY D. ar C. CAUSE OF DEATH. 20c. TIME OF INJ. Haur a. 6:30 cm P. 21. I certified death results	IH WAS CAUSED BY: IMMEDIATE CAUSE (c), which gave e cause (a), Ifying cause GNIFICANT CONDITIONS CO USE WAS NTRIBUTING JRY Month, Day, Year n. 19 y that I took charge	Deft OPerform Penet Company Control Penet Control Pe	hemothorax rating gun upper lobe rating gun O DEATH BUT NOT RELATION CORRED OCCURRED 20 DIVEY OCCURRED 20 ON ON While at work 20 On oins described about	shot wound of lung. shot wound ED TO THE TERMINAL DISEA JERED. (Enter noture of injulant. De. PLACE OF INJURY (Hame factory, street, affice bldgeo. Palmer H ve, held an Autopsy Suicide, Ham	of chest SE CONDITION GIVI Dry in Port I or Pol Se, form, 20f. ighway, Inspecti	en IN PART 1(a) Int II of item 18.) (City ar tawn) 3-5 ft. ian x, Indindetermined recovery	(Caur	19. WAS AI PERFOI YES X	UTOPSY RMED? NO [(State) Dre Fi

MODE BY MIGHT THE COMPANY OF THE COM

original II State o

Transplant with the

Constitution, L.T. Constitution, Id.

Acceptable of the second of th

The later of the contract of t

weath. them

ica nursus alparencia to Tourd's Jode per subdirective . Marie 20 edet tagen Plat . Jabin in bright into the selection

emorbel de .s . c [-] .ve#Lik-re-uf- .set [-] .v. e. of led-one

t many spen

· M carried an total solution. The S of the work to the S of the S

A STATE OF THE STA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08661

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, with 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

08662

	CE OF DEATH			- 1016	170			SIDENCE (W	here dece	ased lived, if institut		nce before	e odmissi	an)
Pi	rince G	eorges			MARY	(LAND	o. STATE	and		b. (OU Prince				
b. C	ITY OR TOWN (f outside corporate li	mits,		LENGTH OF STAY I		c. CITY OR TO	OWN (If outs	side carpa	rate limits, write RU	RAL ond giv	e neares	t town)	
	write RURAL and heverly	give nearest town)			7 hrs.5	mine							16	,
		AL OR INSTITUTION (I	f nat in ha	spital, give	street address)	шиз	d. STREET AD		ETgi				e. IS RESI	
							7202	77.1		0.4			ON A F	ARM?
3. NA/		eorges Ger	First	nos	Middle		Last	E1mhu	4. DATE		46			
DEC	EASED			1		***			OF			Day		ear
S. SEX	pe ar print)	6. COLOR OR RACE	7 MA	ford	NEVER MARRIED		edeman		DEATI	9 AGE (In years	if UNDER	1 YEAR		67 R 24 HRS.
			1	OWED						last birthday)	Months	Days	Haurs	Min.
	ale	White (Give kind of wark do			OF BUSINESS OR	, 1	3/4/6	01			10.6	TIZEN OF	MULAT	
during r	mast occuration	ite even if retired)	ine	INDU:				, ,	Store, or r	oreign country)		TIZEN OF DUNTRY?		
		LVER					OHIO					USA		
	THER'S NAME						14. MOTHER'S	S MAIDEN NA	AME					
	HERMAN	WIEDEMANN	1				U	NKNOW	N					
IS. WI	AS DECEASED EVE	R IN U.S. ARMED FORCE	ES?	16. SOC	CIAL SECURITY NO.	17. IN	IFOR MANT			Addr	ess			
YE	S	(If yes give wor or dat	es di setalce	0,		SEP	HIE M.	WIEDI	EMA NI	N SAME A	5 # 2			
18	. CAUSE OF DE	ATH (Enter only ane	cause per l	line far (a)), (b), and (c).)								ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAL	ISE (a)	Can	diac Tamp	onade						ON	SET AND I	DEATH
	42	A 1	OUE TO		tured Lef						-			
(0	nditions, if any,	which gave	(b)	-					201					
	e ta immediate		OUE TO	-	cardial I					\				
lac		TYING COUSE	(-)		onary Occ									
PA	ART II OTHER SIG	GNIFICANT CONDITION	S CONTRIBI	COP	DEATH BUT NOT REL	ATED TO T	CLE POT	ISEASE COND	OITION GIV	VEN IN PART 1(a)		19	WAS AUT	OPSY
TION	in, in oviner or	JANIERUN CONDINION	CONTRIBU	011110 10 1	JERNI DOT NOT KEE	31120 10 11	IL TERMINAL O	TISERSE COND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ter in tract i(a)		V	PERFORM SXX	NO D
A 20	lo. ACCIDENT WAS	HNDEDLYING 🗆		OUP DESCE	IBE HOW INJURY OF	CCHEDED (ntor nature of	Linium in D	art Las De	art II of item 19.)		1 11	, xxc	NO [
₩ OR	RCONTRIBUTING	☐ CAUSE OF DEATH		ZOD. DEJCK	IBL HOW HOOK! O	CCORRED. (I	iller lidiore of	i injury iii re	ulitutr	un ii ot iielii io.)				
A 10		MEDICAL EXAMINER) IRY Month, Day, Yeo	- 1	204 IN HT	RY OCCURRED	200 DIAC	OF INJURY (F	dama farm	20f.	(City or town)	150	unty)		(State)
MEDICAL 20	Haur o.n	1.		While _	Not While		ry, street, affice		201.	(CI:Y OI TOWIT)	100	υπγ		(Sidie)
	p.n	11.			→ at wark □									
	21. I certif	y that (I) (this heceased alive an	naspital)	attended	the deceased	fram	I at	, 19		June 8,	, 196	7, th	at (1) (we) las
		ceased alive an	June	8,		and that	death accu	irred at5	:35P	M, fram causes				dbave
22	2a. SIGNATURE	71		00 40	1		ATTENDING		AED.	STAFF PHYS		ATE SIGN	ED	
	a suverer time	New	aus	200	7	M.D.	PHYS.		DIRECTOR	PHYS.	71			
12	 PHYSICIAN'S NAME (Type) 	Dr. Herr	anda	2					****	Conomal	Hooni	+ -1		
		DI. MEII						.e 6e0		General				
23a. B	URIAL, CREMATIO	N, 23b. DATE			23c. NAME OF CEME			**		OCATION (City or To		(County		State)
B	EMOVAL (Specify)	6/12/	67		CEDAR H					INCE GEOR				,
		ROBERT E.						2So. REC'D	BY REGIS		EGISTRAR'S			
430	08 SUITI	LAND ROAD	, SUI	TLANI	, MARYLA	ND OM	1000	DATE JE	I I	4 1967	gales	THE	Your	45

VR A15 (4) 25M 1/67

Parriant Erinca teornes

Prione Georges General Monoitel

Three 5 which District intelliged

7 10 10 10 Tuptered Left Vestricle

terming Jestein (Left Amorean Mass Morogram interior of crossic allegat Dissource

trince (accepts formers Bornettel - 7202 similares St.

Sahmura of re

	. 4	

1216

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and it any event, within 72 hours attached of the should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and it any event, within 72 hours attached on the second content of the secon TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Poge 4 may be retained by the hospital or attending physician.

/R A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08662	CERTIFICATE	OF DEATH		08663
1. PLACE OF DEATH a. COUNTY	MANUAL	2. USUAL RESIDENCE (Where o. STATE	deceosed lived, if institution: R- b. COUNTY	esidence before odmission)
Prince George b. CITY OR TOWN (If autside carparate limits.	MARYLAND c. LENGTH OF STAY IN 16	D.C.	orporote limits, write RURAL or	ad aive approse town
write RURAL and give nearest town)		c. CITT OK TOWN (IT outside of	orporote limits, write KUKAL of	a give neorest town)
Clinton	45 days	Washington	1	47.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
<u>Pine View Gardens Health</u>	Care Center	1435 Montana	Ave. N.E.	YES NO 5
3. NAME OF First DECEASED (Type or print) Helen P. Winch	Middle		PATE Month OF DEATH June J	Day Year 19 67
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
Female White win	OWED K DIVORCED 1	7-87	ast birthday) Mar	nths Days Hours Min.
10o. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY GOV'T	11. BIRTHPLACE (County & State Penn.	e, or fareign country)	12. CITIZEN OF WHAT USA A.
13. FATHER'S NAME Howell		14. MOTHER'S MAIDEN NAME	FEEDER	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, na, ar unknown) (If yes give wor or dates of service	J.	irgil Winche		s 2d
18. CAUSE OF DEATH (Enter only one cause per	line far (a), (b), ond (c).)	F 1/	?	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Respurato	us tail	ure	ONSET AND DEATH
Conditions, if ony, which gove ise to immediate cause (a),	Cerebros.	oseular (Recikous	\$ 16 HRS.
stating the underlying couse last.	Diabetre arti	crivelerte	c CV dise	240 5VRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRID	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING FAMILY OF CAUSTOF DUTTH OR CONTRIBUTING FAMILY OF DUTTH (IF EITHER, NOTHY MEDICAL SAMINER) 20c. TIME OF INJUNY Month, Day Year Hord o.gr.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I	or Part II of item 18.)	
20c. TIME OF INJUNEY Month, Day Year Hoor o.gr.		E OF INJURY (Hame, farm, ony, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that (I) (this haspital) saw the deceased alive an 6-1	attended the deceased fram 1.	death accurred at 12:	4, ta_6_1,	1967, that (I) (we) la
220. SIGNATURE	leaves & M.	ATTENDING MED.	STAFF 5	2b. DATESIGNED
22c. PHYSICIAN'S ARTHUR	SHAVER TR.	22d. ADDRESS	NCH AVE.	CLINTON, HI
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-2-67	23c. NAME OF CEMETERY OR Lee's Crem		d. LOCATION (City or Town) Washington,	(Caunty) (State)
24. FUNERAL DIRECTOR	ADDRESS	2Sq. REC'D BY R		AR'S SIGNATURE
Lee Funeral Home	Washington,		44 - 444 17	was Judge

20000

THE RESERVE OF THE PARTY OF THE		
AND THE RESERVE THE STREET, THE PARTY OF THE		
	Amonto, mid.	
	The state of the s	
The second of the second		
	20% m 0 0 10 20 20 20 20 20	
	THE DESIGNATION OF THE PARTY OF	
THE RESERVE OF THE PARTY OF THE		

FOR STATE HEALTH DEPT

00663

DEPUTY MY EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please executed to the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MY

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death VR AISME (5) 1/65 5M

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10000 MEDIOAL EXAMINER 3 OF THE OF DEATH 10000
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	MARYLAND a. STATE M/MAN COUNTY P2 Seo
	D. C. TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY/DR TOWN (If outside corporate limits, write RURAL and give nearest town)
	(herester &) OA Greenfielt
	d. NAME OF HOSPATAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS
	Notice as the same block of the P. ON A FARM?
1	3. NAME OF First Middle 4. Lest 14. DATE Month Day Year
	DECEASED
	E SEV LO AD DO
	A A A A A A A A A A A A A A A A A A A
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY COUNTRY?
	B. FATHER'S NAME AS UNION AND MILL VA USA
	13. FATHER'S MAIDEN, NAME
	Merson angula Morga Ceour
U	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT algue tunderess of the service)
	YES W.W. I 619-10-1843 116 Redgi Rood Freenbelt Mid
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I DEATH WAS CAUSED BY.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Severe Stenassing Caronary orderia solerasis
	4201 DUE TO 1
	geve rise to immediate (b) Cardiac failure
	cause (e), steting the DUE TO
	underlying couse last. (c) Stulie Pulmary edema
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	₹ YES X NO □
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA FOISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTION
	GAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State) 2Df. (City or town) (County) (State) 2Df. (City or town) 2Df
	21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 💢, Inquiry 💢, and in my opinion
	death resulted from: Natural causes 🔲, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
	CHIEF MEDICAL EXAMINER \ \ \(\begin{array}{c} \lambda -26-6/ \\ \ell \end{array}
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 322. DATE SIGNED RESIDENCE AND A BOOK OF THE SIGNED RESIDENCE AND A STREET AND A STRE
1	EXAMINER'S TO SECURITY MEDICAL EXAMINER OF SECURITY OF
4	NAME (Type) A County Reduces (Street, city, town, or county Rodundament, ng
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	BURYAL GRECTOR 28 JUNE 1967 BALTIMORE NATIONAL CEM BALTIMORE MARY LAND 24. FUNERAL DIRECTOR ADDRESS 1258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	W. W. CHAMBERS CO RIVERDALE MD DAWN 28 1501 July

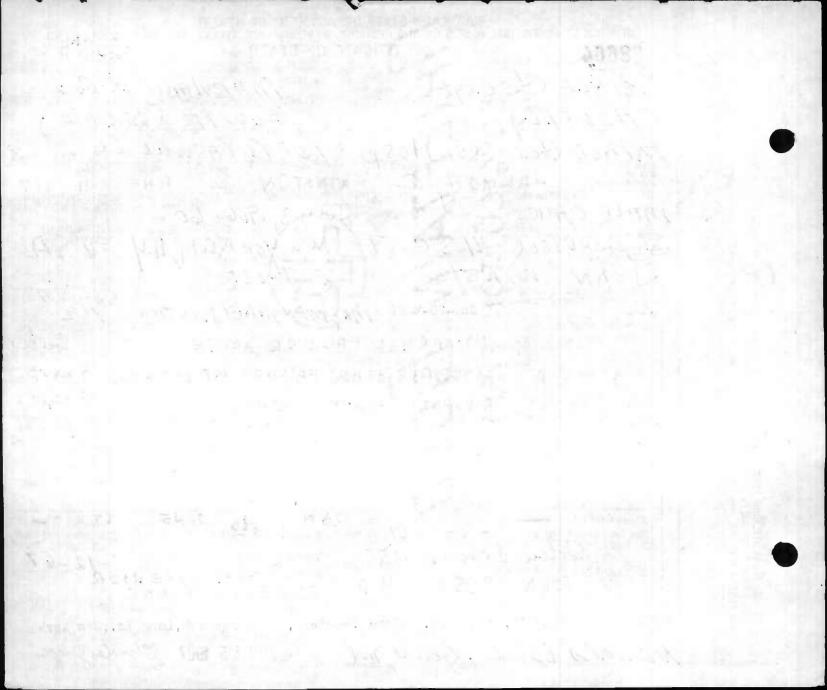
a 1 Burker La See 2011 6 Delager DOA Houndelt trues heare lement thete II-G. Redge look ALXIN MATHISMINGFIELD SINGES S JUN 24 / 818 188 Flavorier Building men hell 1/A 11 SA Market minghald 201 with a Charle with tribule denou Stonassing Colonog orland or brief Cardine Leilung Stevenel Buboning edono 15-22-0 I ak matte A STATE OF THE STA DAYTON ONATKINS Berein will

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	28564	CERTIFICATI	E OF DEATH	UC	5000
1.	PLACE OF DEATH a. COUNTY			Where deceased lived, If institution: R	esidence before admission)
	BINCE CE	RGF MARYLAND	e. STATE M. A	RYLANO COUNTY OF	Geo
	b. CITY OR TOWN (if outside corporate lim write BURAL and give nearest town)	nits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	Ide oorporete limits, write RURAL	end give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, glue street address)	d. STREET ADDRESS	1/E (DEL	HIR VE
	PRINCE GOOD	Ten / Loc address)	12 E 18	(ACINELL LA	e. IS RESIDENCE ON A FARM?
		Middle	Last 4.	DATE Month	Day Year
	OECEASED (Type or print) HARA		VINSTON	DEATH JUNE	11 1967
	SEX 6. COLOR OR RACE 7. M	IARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
1	. / / - - / / / / / / / / / / / / / /	DOWED DIVORCED	July 3, 1901	r low yrs.	Days Hours Min.
C	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR	New Yor		UNTRY?
3	EATHER'S NAME	ISTON	14. MOTHER'S MAIDEN N	IAME /	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unkown) (If yes give mar or dates of servi		INFORMANT	Address	A-ME 175
	NO THE STATE OF TH	069-20-2026 MK	SMARGARE	+ WINSTON	#2
	18. CAUSE OF DEATH [Enter only one cau			1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MYOCARDIAL FI	AILURE, AO	UTE	2 weeks
	Conditions, If any, which) DUE TO	LONGESTIVE HEAT	OT FAILURE	INTONATABLE	3 may the
	gave rise to immediate	וא בוועבטווטב	OI PHI-VICE	HALLEKE HOPE	5 1104 104 (2)
	underlying cause last. (c)	CHEUMATIC HEAR			5 years
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERIIL	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ry In Part I or Part II of item 18.	
	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. p.m. 19	While Not While at work	ry, street, office bldg., etc.)		
	21. I certify that (I) (this hespite)		JAN 1966		7, that (I) (we) last
	saw the deceased alive on	- 10 - 19 67, and that	death occurred at 3	M, from the causes and on the	
	22a. SIGNATURE John C	Hua MA M.D.		STAFF -	-12-67
	22c. PHYSICIAN'S NAME (Type) JOHN	305 MA, M.D.	BOWLE,	MARYLAND.	R
232	REMOVAL (Specify)			3d. LOCATION (City, town or cou	inty) (State)
B 24	SURTAL DUNE 12, 1	967 Mt. Olivet Ce		Maspeth, Long Is.,	New York
1	In the Salland	ADDRESS	DATE UN 1	y REGISTRAR 25b. REGISTRAR'S	
1	+ more 10 1 1 Class	1 Lawry my	DATEUN	O DON	A KANA

dest's certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	2	0	0	6
F 13	1	n	P	5

08665 CERTIFICATE and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH INCE GEORGE'S COUNT ours after Pages outside corporote limits, write RURAL and give nearest town) executed within 24 haurs after c. CITY OR TOWN (If filled in by the b. CITY OR TOWN (If outside corporate limits write RURAL and give negrest town papers. e. IS RESIDENCE ON A FARM? (If not in hospital, give street address) d. STREET ADDRESS CH NURSING YES NO NAME OF DATE Month Middle Doy campfetely DECEASED OF JUNE 19 (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bighdoy) Doys a Hours remay WHITE WIDOWED DIVORCED and in any and KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane requires that the death certificate be physician a during most of porking life, even if retired) CINDIAL 0.5 13. FATHER'S NAME remaval, attending 15. WAS DECEASED EVER MU.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO 17. INFORMAN permit. cremation, or .44.925 m. Walla 225 no no CAUSE OF DEATH (Enter only one couse per line for (o), (b) the signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the haspital or attending physicion. DUE TO burial, AKOB - CREUTZFELDT Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse the Health prior ta has been last gs 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INIURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m While Not While factory, street, office blda., etc.) at work à 21. I certify that (1) (this hospital) attended the deceased be retained M, from couses and on the dote stoted obove. and that death occurred at saw the deceased alive on 22o. SIGNATURE STAFF **ATTENDING** DIRECTOR page 3 PHYS. 22d. ADDRESS TO HOSPITAL Page 4 may b director, po SIXTH 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BATAN (Sedia) Washington National Suitland Maryland 7.1.1967 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Lee Funeral Home 300.4th st N

VR A15 (4) 20 M 1/66

2012				
				3101237
- J. L. 18.20	4			
		*		
		· Company		
		X-273 S. 95.0		
	0.01			
			37750	A STORY
				of words
			mage to speci	A
		C-883'S		or or
		1949	10 P. V.	or on
		1949	10 55	or or
		Comments of the comments of th		or or
		Comments of the comments of th	10 P. V.	or or
		CONTRACTOR OF THE SECOND		or or
		CONTRACTOR OF THE SECOND		
		CONTRACTOR OF THE SECOND		
		CONTRACTOR OF THE SECOND		
		CONTRACTOR OF THE SECOND		